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FOR

(VRA 15, 4)

Hyattsville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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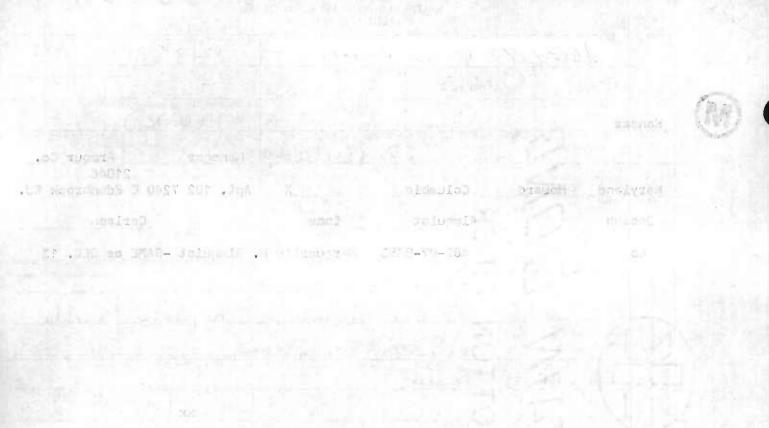
| | | | | | | | E OF MARYLA | | J J | 5 6 | 0 | | |
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| | 1 - | FOR STATE REGISTRAR | | | DEP | | HEALTH AND M | | | 3. NO. | | -60 | |
| | 1. DEC | CEASED NAM" | Pillippe | | TAST 20. | | | | | | DAY YEAR | 26 HOUR | |
| | (TYPE | OR PRINT) | RNON | CA | RE | At Mr | UIST | - | 12 | 3 82 | | 735 | |
| | 3. SEX | | | RACE | | | OF BIRTH | 6 | AGE (IN YEARS LA | T BIRTHDAY) | IF UNDER 1 YEAR | | |
| 4 | | Male | | W | 出压 | MONT | 2 28 | OG | 7 (| yrs. | MONTHS DATS | HOURS MIN. | |
| 54 | | RTHPLACE (STATE OR FO | DREIGN 7 | 6 CITIZEN O | WHAT COUN | MARRIE WIDOW | | ARRIED 7 | BALTIMORE CIT | Y OR COUNT | Y OF DEATH | MD | |
| 111 | _ | TY OR TOWN OF DEA | тн 1 | | | URSING HOME | OR OTHER INSTI | TUTION I | 20 USUAL OCCU | | 126. KIND | OF BUSINESS OR | |
| 51 | (| all Mills | - | (IF NOT IN S | UCH FACILITY, GIVE | STREET ADDRESS) | y beut. | Hono | Manage I | | | ur Co. | |
| 30 | ÜSU | AL RESIDENCE (IF NURSI | NG HOME OR O | | N GIVE RESIDENCE | | 100000000000000000000000000000000000000 | 1 | | | 21046 | GI 00. | |
| 9 | | aryland | Howa | | Colum | | 13d INSIDE CIT | NO X | Apt. 102 | | | rook Rd. | |
| 4 | | THER'S NAME | | | | | 15. MOTHER'S | MAIDEN NAME | | | | | |
| 30 | | Joseph | N | NODLE | Almqui | | Emme | IRST | MIDO | | arlson | AST | |
| 1 | | VAS DECEASED EVER I | | | | SECURITY NO. | 17 INFORMAN | ٧T | AC | DRESS | | | |
| / | . (, | YES, NO OR UNKNOWN) | (IP YES, GIVE | WAR OR DATES) | 482-0 | 7-0353 | Margua | rita M. | M. Almquist -SAME aa SEC. 13 | | | | |
| | | 18. CAUSE OF DEATH | (Enter only | y one couse p | er line for (a), (| b), and (c).) | | | | | APPRO BETWEEN | NONSET AND DEATH | |
| | | | | CAUSE (0)_ | Res | pirato | ry A | rrest | | | 100 | 26 | |
| | | 4920 |) | DUE TO, | OR AS A CONS | SEQUENCE OF | | | | . 0. | | 1 | |
| | 1 | Conditions, if any, | | (b)_ | CON | liac o | myth | malu | The FLSCH | stake | Mi | NASS | |
| | N | gave rise to imm cause (a), stating | DUE TO, | OR AS A CONS | SEQUENCE OF | | | | | | | | |
| | U | underlying cause | last | ((c)_ | end | STAGE | = Zmoh | ysem | لعب | | JAK | 5 | |
| | z | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | .(0) | |
| 1/2 | TIO | | | | (Pully) | | PERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FIN | | | | | 1000 11000 | |
| X | CERTIFICATION | N A | 190 DATE OF OPERATION THE COL | | DITION FOR W | HICH OPERATIO | IN WAS PERFOR | IN CERTIFYING CAUSES | | | | S OF DEATH? | |
| 9 | ERTI | 210. ACCIDENT WAS UND | BIVING [] | 21h TIME | OF INJURY | | 1214 HOW/INI | LIBY OCCUPRE | YES NO | | ES 🗍 | NO 🗆 | |
| 7 | | OR CONTRIBUTING C | | | A.M. MONTH | DAY YEAR | 210.11044 1143 | OKT OCCORRE | D (ENTER NATURE OF | INJURY IN ITEM 18 | PART 1 OR PART 2) | | |
| | MEDICAL | (IF EITHER NOTIFY MEDIC | | _ | P.M. E OF INJURY | 19 | 211 LOCATIO | N | | | | | |
| | MEC | WHILE NOT WHI | LE 🗍 | | STREET, FACTORY O | FFICE FARM ETC) | STREET | | CITY | OR TOWN | COUNTY | STATE | |
| | | 220 I certify that | | ol) ottended | the deceased f | rom 10/2 | 2 0 | 10 83 | to 12 | -3 | 10.83 | tha (II) (we last | |
| | | saw the decease above (1)(we (d | | | | 65- | nd that in (my) | aur) apinian de | oth accurred an th | ne date and ho | ur and fram the | e causes stated | |
| | | 12h SIGNATURE | a pola not | View the boo | yaner death. | | DEGREE | | - | | 22c DAT | E SIGNED | |
| | | Mel | wo | lur | New | n U | L AT | TENDING HYSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN [| 12 | 3/83 | |
| | | The programmes ma | Tui | N | JK | -orde | 220 ABDRESS | 7 20 | 00C0117 | co (un | Dan 1 | 21044 | |
| | 23a. B | BURIAL, CREMATION, F | REMOVAL | 23b. DATE | 12 1/4 | 23c. NAME OF | CEMETERY OR C | REMATORY | 23d LOCATION | N | COUNTY | _ STATE | |
| | | Burial | 5 | | 10,1983 | | land Car | | Cresto | n | | Iowa | |
| | Ľé: | TOYAL MRECTOR RE | ussal. | 1 C. W. | itzka F | uneral | Homas P. | A 25a. DATE F | REC'D. BY REGISTI | RAR 256 REGIS | TRAR'S SIGNA | JURE . | |
| | | 55 Twin Knd | | | | | 21045 | ULU | 0 198: | 1100 | mon l | oury, | |

21045

DHMH-16 30M 2/80 (VRA 15, 4)

5555 Twin Knolla Rd., Calumbia, MD.

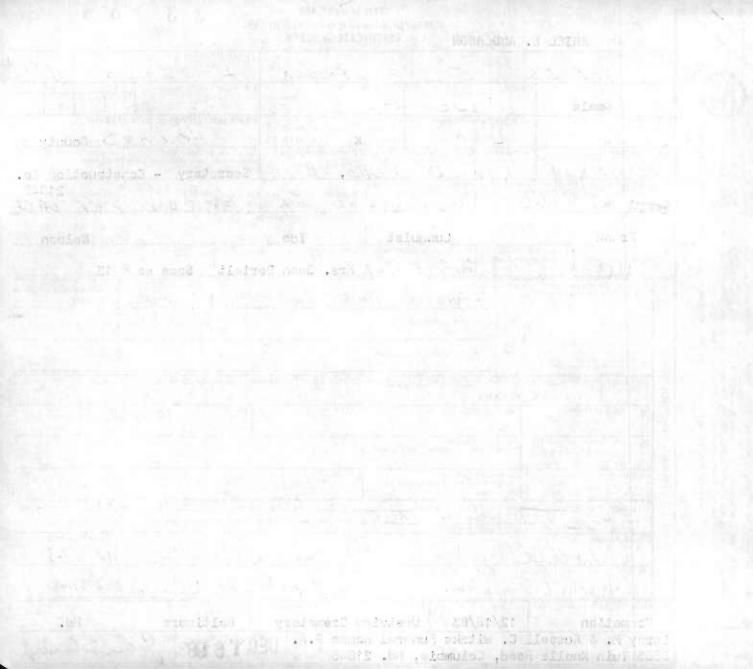
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Hem 21 is marked at Hem 18 share, any injury, at other traumatic



Pec. 10,1982 Grand Larieyy Lerby A. & Russell C. Uitke Aunerel The P.A. 2005 Trin Knolls Rd., Columbia, No. 23045

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | NG PHYSICIAN The law equires that the death certificate he executed within 24 hours after death. Page 4 mg. by othersday physician. | the this certificate has been signed by the untending abysicion and cerepterally filled in by the funcial director, pays as the build from tiperant. Then please ramow corbatopapers. Pages I awild be filled within 72 hours other pages |
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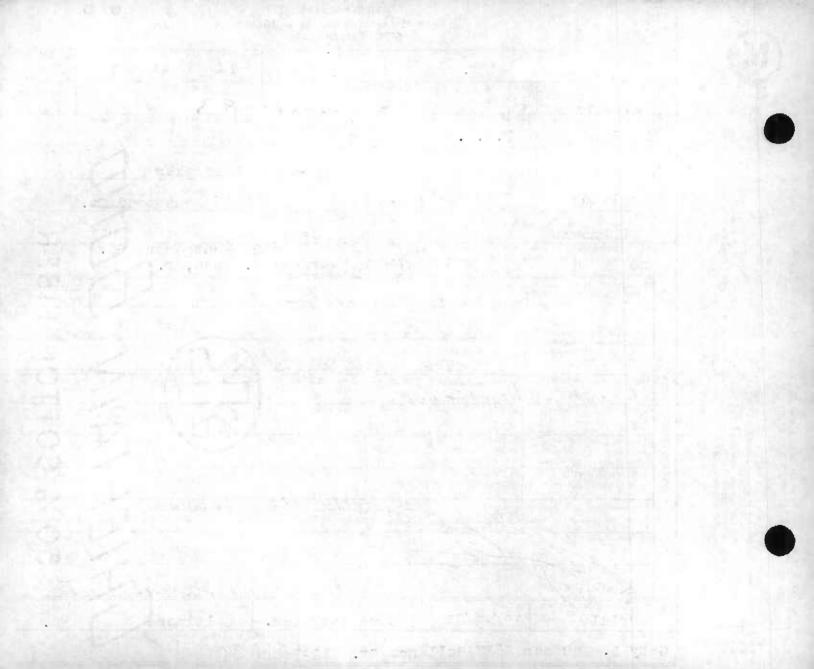
STATE OF MARYLAND

| 1 - STATE REGISTRAR | | CERTIFICAT | | REG. N | 10. | | |
|--|---|--|---|---|---------------------|-------------------------|--------------------------------|
| T DECEASED NAME HIST | ired T. | Bacon | | 20. DATE OF DEATH | AG DI | 83 | 26. HOUR AM |
| Te HETHER ACE INTERCONORION MARY LAND | 76 CITIZEN OF WHAT CO | MARRIED L | 22 02 Never married | 6. AGE IN YEARS LAST B 81 9 BALTIMO 7 CI) | | ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| Columbia | Howard Co | untu Gene | 1115 | 126 USUAL OCCUPA (TYPE OF WORK FOR MOST homema) | OF WORKING LIFE | 12b. KIND O INDUSTRY | MD DF SUSINESS OR |
| Maryland He Fathers name | DUNTY _ 13c. CITY | ltimore YES | | | nestea | d St. | 12/8 |
| Unknewn | | LAST | Jesse | WIDDLE | | Tull | ī. |
| WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) [(IF YES | ARMED FORCES? 166 SOC S. GIVE WAR OR DATES) 215 | 30 5065 | sawrence | 29 Montes | | Rd. 2 | 1227 |
| Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT | DUE TO, OR AS A CO | e Failure ENSEQUENCE OF EVEL & Heide | esis oul | Shect NAL DISEASE OR CO. | ndition give | OU OU NIN PART 10 | set set |
| THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR | R WHICH OPERATION WAS | PERFORMED | 200 AUTOPSY? | | WERE FINDING CAUSES | |
| OR CONTRIBUTING CAUSE OF CAUSE | F DEATH HOUR A.M. MON P.M. 21e. PLACE OF INJURICATION (AT HOME, STREET, FACTOR) ospital) attended the decease e an analysis of the body after death | Y YOFFICE, FARM ETC) 211 LI | OCATION STREET in (my) (aur) apinian de ATTENDING PHYSICIAN | CITY OR T | OWN Added and haur | county | |
| Mese 1909 | | 10 | Howarf (| auty le | veral | Hospi | Ta/ |
| 230. BURIA CHEMATION, REMOVE BUPIAL | 12/29/83 | Toudon | Park Cem. | 23d. LOCATION CITY OF TOWN RAITI | nore | COUNTY | Md STATE |

DHMH-16 30M 2/B0 (VRA 15, 4)

Gary L. Kaufman 5837 Bellanca Dr. 21227

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Y DEC 3 0 1983



| 3 | 1. | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE REG. NO | 3 3 4 6 7 |
|--|-----------------|--|---|---|--|---|
| 4 may be ar, page 3 ofter death | | CEASED NAME FIRST | Tane | BISHOP S. DATE OF BIR H MONTH DAY YEAR | 20. DATE OF DEATH | MONTH DAY YEAR 2b HOUR - 2 - 8 3 128 PM IF UNDER 1 YEAR IF UNDER 24 HIS. MONTHS DAYS HOURS MIN. |
| er death. Page e funeral direct within 72 hours | 1 | RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH | 7b. CITIZEN OF WHAT COUNTRY U.S. A. 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE | MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION | 9. BALTIMORE CITY O 120. USUAL OCCUPATI (TYPEOF WORK FOR MOST 9 | |
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| BALTIMORE, MARY Cote be exemple special one of profile opers. Page and vol. it, the medical stamin | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIÁL SEC (E WAR OR DATES) 316-18: | Charlotte. URITY NO. 117. INFORMANT 5040 Carol Bist | ADDRE ADDRE | Birch Trail Crobiniville |
| 201 W. PRESTON 5T., res that the death certificated by the attending phylologic remaye carbon provinol, cremation, ar emotive froumatic every, ar other froumatic every, | Z | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| D BY: TE CAUSE (0) DUE TO, OR AS A CONSEQUE (c) | - Lung Car | MINAL DISEASE OR CON | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 110 |
| N: The law re ysician cate has been consil permit. Hygiene prior Hygiene prior | L CERTIFICATION | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- | 216. TIME OF INJURY | | ZOG AUTOPSY? YES NOW RRED (ENTER NATURE OF INJUI | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| S eole | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE 1 WORK NOT WHILE Sow the deceased of the second of the seco | P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (tol) ottended the deceased from | 19/19/83.19 | city OR 10 | wn COUNTY STATE 19 1, 19 1, that (I) (we) last stee and hour and from the causes stated |
| TO HOSPITAL OR ATTER retained by the hospital TO FUNERAL DIRECTOR should be detached for u with the State Dept. of H WAPORTANI: If them 21 is | | Obove, (I) (we) (did/did no | Niew the body after death. | DEGREE ATTENDING PHYSICIAN 224 ADDRESS | MEDICAL STAI | 221. DATE SIGNED |
| BP | | SURIAL EREMATION, REMOVAL SPECIFY SURIAL SPECIFY SU | 236. DATE 236. 12 - 5 - 83 | A CAT A LOCK CAR OF CALLE | GRABUATION | 25b. REGISTRAR'S SIGNATURE |
| DHMH - 16 50M 4/82 | 1 | NAME of Tuna | DDRESS. | 1 84 // | EC 5 1983 | from the while |

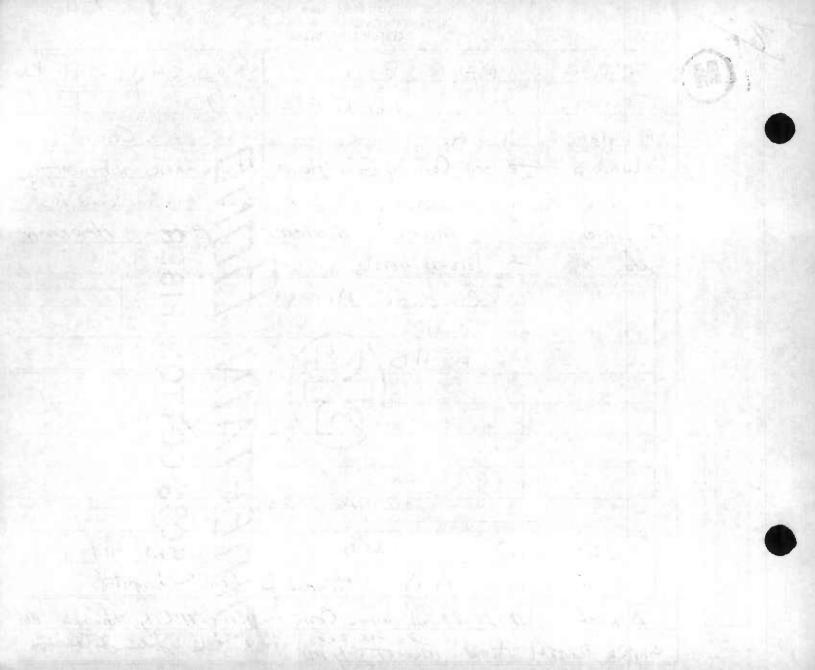
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| 1974 CHERRAL 1974 | OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 20. DATE OF DEATH MONTH DAY YEAR 16 UNDER 24 HR. 3 / 2 / 2 / 2 / 2 / 3 / 3 / 3 / 2 / 3 / 3 | MIDDLE FRANCI RACE, CITIZEN OF WHAT COUNTRY L. S. A. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE AND AND COUNTRY PRE INSTITUTION GIVE RESIDENCE BEFOR PRE INSTITUTION GIVE RESIDENCE BEFOR PRESIDENCES AND AND COUNTRY INCIDENT TO THE COUNTRY POPULATION PRESIDENCES AND AND COUNTRY INCIDENT TO THE COUNTRY INCIDENT TO THE COUNTRY AND COUNTRY INCIDENT TO THE COUNTRY INCIDENT TO THE COUNTRY AND COUNTRY INCIDENT TO THE COUN | STATE REGISTRAR CEASED NAME FIRST E OR PRINT) A IRTHPLACE (STATE OF FOREIGN 76 COUNTY) ALL RESIDENCE (IF NURSING HONE OR OF STATE TACHMAN ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARME VES JOOG UNKNOWN) (IF YES JOINT (| 1. DEC ITYPE G 3. SEX 70. BIRT USUA BIRT 130. S1 | Silver of the second of the se |
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| BURIAL 12-14-83 CRESTLAWN MEM. GOV. MARRIOTTS VILLE THOWARD | MEM. UDV. MARRIOITSVILLE HOWARD I | | (SDECIFY) | - 1 | 1 59 |

| | | REGISTRAR VIRGIN | IA ELIZA | BEIH E | LAST OF DEATH | REG. NO | AONTH DAY | YEAR 2b. HOUR |
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| 1 | 3. SE | FEMALE | 4. RACE WHITE | S. DAT | OF BIRTH - 10 - 27 | 6 AGE (IN YEARS LAST BIRT) | YRS | NDER I YEAR IF UNDER 24 |
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| 30 | | THER'S NAME FIRST DAVID | M. JC | IAST DNES | IS MOTHER'S MAIDEN NA | M • | | KREISHER |
| 1 | | | IVE WAR OR DATES! | -20-3347 | THELMA J. FI | ADDRES ELDMAN 5245- | | Running Br |
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| 1 21 is marked or frem 18 shows any injury, ar office | | Underlying cause last PART 2. OTHER SIGNIFICANT HYPOTHERM 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHY MEDICAL EXAMINE 210. IN JURY OCCURRED WMILE AL WORK AL WORK 220.1 certify that (1) (This is any the deceased glive of the same same same same same same same sam | (c) CONDITIONS CONTRIBUT 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR | WHICH OPERAT WHICH OPERAT WHICH DAY YEA Y Y, OFFICE FARM. ETC.) d from 19 | 21c HOW INJURY OCCUR | 206 AUTOPSY? YES NO NORTH NATURE OF INJURY CITY OR TOW | 20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART 1 | ERE FINDINGS USED G CAUSES OF DEATH: NO ORPART 2) COUNTY STAT |
| If Nem 21 is marked or nem 18 | | Underlying cause last PART 2. OTHER SIGNIFICANT HYPOTHERM 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHY MEDICAL EXAMINE 210. IN JURY OCCURRED WMILE AL WORK AL WORK 220.1 certify that (1) (This is any the deceased glive of the same same same same same same same sam | CONDITIONS CONTRIBUT 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR | WHICH OPERAT WHICH OPERAT WHICH DAY YEA Y Y, OFFICE FARM. ETC.) d from 19 | 21t LOCATION SIREE1 DEGREE ATTENDING | 206 AUTOPSY? YES NO NORTH NATURE OF INJURY CITY OR TOW | 20b IF YES WINCERTIFYING YES IN THEM 18 PART I | ERE FINDINGS USED G CAUSES OF DEATH: NO ORPART 2) COUNTY STAT |
| Ifem 21 is marked or Ifem 18 | MEDICAL | Underlying cause last PART 2 OTHER SIGNIFICANT HUPD THEEN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 Certify that (I) (this saw the deceased alive a above. (I) (1) (did) (1) | CONDITIONS CONTRIBUT 19b CONDITION FOR 19b CONDIT | WHICH OPERAT WHICH OPERAT Y Y, OFFICE FARM, ETC.) d from 1210 th, 19 | 21t LOCATION SIREE1 DEGREE ATTENDING PHYSICIAN 22e ADDRESS | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW death accurred on the data MEDICAL STAFF | 20b IF YES WIN CERTIFYING YES IN ITEM 18 PART I | ERE FINDINGS USED G CAUSES OF DEATH? NO ORPART 2) COUNTY STATE that (I) (I) (II) (II) (III) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIIIII) (IIIIIIII |

12-8-5- 12p AN SERBORY DE CONTRACTOR LEWITE THE MALE STATES THURS DIVINE X ANALYSIS STATES STATES STATES IN STATES STAT PROPERTY OF THE PROPERTY OF TH 120-20-1547 THEL HID. FELDRING TYX5-2012 6. Bunning Brook F.H. DESTELLING IN THE COST STRAWS FARM, STEERING ME SHOPE CHIEFFICH 12/44/ES MESTVIEW NAMES OF CHIEFFICH CONTROLLER MARYENE

| . / | | | | STATE OF MARYLAND | 3 3 5 5 | 4 / 0 |
|--|---------------|---|----------------------------------|---|--|--|
| 16 | 1- | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | |
| 1 | 1. DEC | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| [] | (TYPE | ORPRINT | VAM | Boone | Nec 24 | ,1983 1640m |
| 0 | 3. SEX | Female | 4 RACE | 5. DATE OF BIRTH JULY 17 18963 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS - MIN. |
| B 27 | 7a. BI | RTHPLACE (STATE OR FOREIGN) | 6 CITIZEN OF WHAT COUNTRY | | 9. BALTIMORE CITY OR COU | |
| 25 | | Maryland | 4.S.A. | WIDOWED DIVORCED | Howard | · County MD. |
| ed with | 10.01 | olumbia - | II NAME OF HOSPITAL, NURS | . 41 | 12d. USUAL OCCUPATION (Type of work for most of workin | IZE KIND OF BUSINESS OR INDUSTRY |
| 2/2 | | AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUN | | ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS | 1 . b. Q. 1043 |
| | 34. FA | Chyland HO | way I whom | YES NO | WE 8 112 0(90 | Darry 1631 KG |
| 150 | F | REDENIUC | Mu | ex MARGARET | Amn | HARTMAN |
| Poges | 16a V | | WAR OR DATES) | 4000 | ADDRESS 3913 0 | |
| al al | | No | | -4892 Ms. Dorethi Goerk | e Ellicott | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| novol. | | 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION | BY: | ac Arrest | | BETWEEN ONSET AND DEATH |
| or re- | | 4140 | DUE TO, OR AS A CONSEO | | | |
| otion, traum | | Conditions, if any, which | (b) CHT | per . | | |
|), cremo | | cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEO | UENCE OF | | |
| to buriol njury, or | z | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | minal disease or condition | GIVEN IN PART 11a |
| mit Th prior to | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED |
| ene | TE | | | | YES NOTE IN CE | RTIFYING CAUSES OF DEATH? YES NO NO |
| of Tronsit intol Hygie em 18 sta | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM | 1 18 PART 1 OR PART 2) |
| We T | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 21f. LOCATION | CITY OR TOWN | COUNTY STATE |
| orked o | M | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFIC | E, FARM ETC) STREET | CILLOW | 51210 |
| om s | | 220.1 certify that (1) (this hospit | | | | |
| of 1. | | saw the deceosed olive on obove, (1) (we) (did) (did not | 1) view the body ofter death. | | death occurred on the date and | |
| Dept Filter | | 226. SIGNATURE | an | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 12/3 A |
| should be deto with the State MPORTANT: II | | 27d. PHYSICIAN'S NAME (TYPE OF | R PRINT) | 22e. ADDRESS | O G 5.4 | 11 |
| should be with the S | | TGers | shon, M | 1) HTTWARD | e. ben. 76 | 5p110(|
| ₩ 3 🛂 | 23a. | BURIAL CREMATION, REMOVAL | | NAME OF CEMETERY OF CREMATORY | 23d. LOCATION CITY OR TOWN. CITY OR TOWN. | count STATE |
| - | 24.5 | AURIAL UNERAL DIRECTOR | 12-27-83 | P. BOX 268 250 DA | TE REC'D. BY REGISTRAR 251/R. | SISTRAR'S SIGNATURE . |
| 30M 2/80 15, 4) | 1 | CLACK PHARA | 1 - ADDRESS | P.O. BOX 268 250 DA | N 3 1984 / | and lately |



STATE OF MARYLAND

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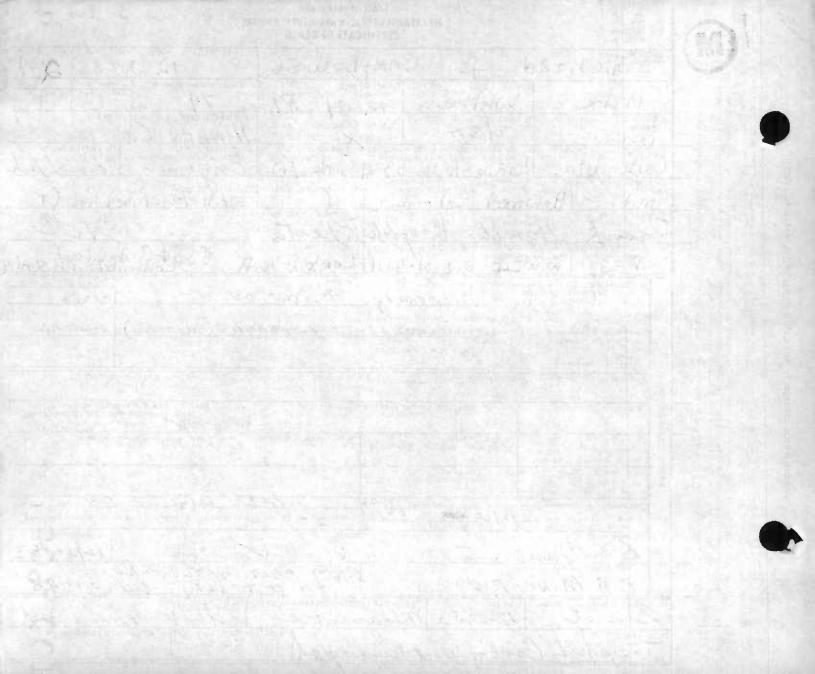
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hurial Dec 28,1983 Good Shepherd Ellicott City Urrland Harry H Vitnic ally columnia ad Milcott City

| | FOR | 252 | STATE OF MARYLAND | 8 3 3 | 3 4 / 2 | | | | |
|--|---|---|--|--|---|--|--|--|--|
| 2 | - STATE | ELLE M. BROWNE | ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | | 2 | | | | |
| | I. DECEASED NAME | RST MIDOLE | LAST | REG. NO. | DAY YEAR 26. HOUR | | | | |
| THE PARTY OF | | BELLE M | BROWNE | | 983 8:55 PM | | | | |
| 1 (22") | 1. SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHOAY) | IF UNDER LYEAR IF UNDER 24 HRS | | | | |
| THE PER L | Female | Black | January 4, 1906 | 77 YRS | | | | | |
| 4 62 4 | OUNTRY) | GN 76. CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH | | | | |
| 1 1/1 6/ | Washington D.C | | WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION | Howard 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | | |
| 1 / / / de | Columbia | 10850 Green Me | rreet ADDRESS) Duntain Circle Apt31 | 170 OS DAT OCCUPATION (TYPE OF WORK FOR MOST OF WORKING INFE Housewife | | | | | |
| 24 hou | 13a. STATE 13b. | HOME OR OTHER INSTITUTION, GIVE RESIDENCE TO COUNTY 134. CITY OR COLUMN | TOWN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE Apt. 313 10850 | 21044 Cir. Green Mountain | | | | |
| Mehin Markin | 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | | LAST | | | | |
| | Harry | Matthe | s Gertrude | | Cooper | | | | |
| ond composition | 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF | J.S. ARMED FORCES? 166 SOCIAL S YES, GIVE WAR OR OATES) | SECURITY NO. 17. INFORMANT | ADDRESS | | | | | |
| rs. Pe | NO | | | A. Browne - Same | as Sec. 13 | | | | |
| hysic pape lovol. | 18 CAUSE OF DEATH (E PART 1. DEATH WAS | nter only one couse per line for (a), (b) CAUSED BY: CAUSE (A) | | LURE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| certifi ban rem | IA OLO | MEDIATE CAUSE (0) | AUC PENAC PAI | roke | | | | | |
| e death ce offendin nave carb atian, or fraumatic | Conditions, if any, wh | DUE TO, OR AS A CONS | EQUENCE OF HYPER TEN | SIOW | 4 Car | | | | |
| he de de marie | gove rise to immedi couse (a), stating | ote | | | | | | | |
| by the ase rer I, crem ather | underlying cause I | | ATHEROSCLER | 0513 | | | | | |
| gned en plee buria | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | |
| requirements | Q 190 DATE OF OPERATION | 19h CONDITION FOR WE | TICH OPERATION WAS PERFORMED | 20g. AUTOPSY? 20b. IF YES. | , WERE FINDINGS USED | | | | |
| hos berming on perming | 190 DATE OF OPERATION | | · | IN CERTIF | YING CAUSES OF DEATH? | | | | |
| physicio physicio trificate h di-tronsit tal Hygie | 210. ACCIDENT WAS UNDERLY | Links and Market | 21c HOW INJURY OCCU | IRRED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART 1 OR PART 2) | | | | |
| g pla g pla g pla gentifi entol | OR CONTRIBUTING CAUS | E OF DEATH | 19 | | | | | | |
| DING PHYSICIAN: or attending physical After this certifical is as the buriol-tran oith and Mental Hy marked of them 18. | GR CONTRIBUTING CASS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM, E1C) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| A A A A A A A A A A A A A A A A A A A | 220.1 certify that (I) (thi | s hospital) attended the deceased fr | om, 19 | , to | 19, that (I) (we) last | | | | |
| Spito Spito CTOP for af H | saw the deceased a above, (1) (we) (did) | live on(did not) view the body alter death. | 9, and that in (my) (our) apinio | n death occurred on the date and hour | and from the causes stated | | | | |
| OR A DIREC Oched Dept H tem | 226 SIGNATURE | | DEGREE | FD.G.L. GT.FF | 224. DATE SIGNED | | | | |
| ITAL OR A by the hos RAL DIREC detached in the Dept in | Van | Ture | | MEDICAL STAFF DIRECTOR PHYSICIAN | 12/26/83 | | | | |
| HOSP Sined to FUNE | PAUL T | URER My | 22e ADDRESS HOW | 5 Little Patux en | ALTYS FACILITY + Parkway | | | | |
| of of other states | 230. BURIAL, CREMATION, REA | AOVAL 236 DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE | | | | |
| BP | Cremation | Dec. 27, 1983 | Westview Mem. Pk. | Baltimore B | alto. Md. | | | | |
| DHMH - 16 50M 4/83 | TELEFAL PRECTER RUS | sell C. Witzke F | neral Homes P.A 250. D. | ATE REC'D. BY REGISTRAR 256 REGISTI | RAR'S SIGNATURE | | | | |
| (VRA 15, 4) | 5555 Twin Knel | ls Rd., Columbia | MD. 21045 | =U 2 8 1983 X-a | and Carriell | | | | |

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| | 1. | FOR - STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 3 | 3 3 | - 63 - 1 | 1 4 |
|--|---------------|--|---------------------------------|--------------------------------------|--------------------------------------|--|--|--|-------------------------------------|-----------------------------------|
| poge 3 | | CEASED NAME FIRST | 4 RACE | MIDDLE | CA 5. DATE O | RRION | 20 DATE OF DEATH | MONTH DAY 2 26 HDAY) IF U | 23 | HOUR 650 A Funder 24 Hrs |
| director, I | / | Female | White | | MONTH | | - 64 | YRS. MON | | OURS MIN |
| of 22 ho | В | IRTHPLACE (STATE OR FOREIGN COUNTRY) altimore MD. | U.S. | | WIDOWE | | 9. BALTIMORE CITY O | VAR | DEATH | |
| Hed - | C | OLUMBIA | HONA! | HOSPITAL, NURSIN | ADDRESS) | VERAL | 12a. USUAL OCCUPATN (TYPE OF WORK FOR MOST O Retired S | ON F WORKING LIFE) ecreta : | 126 KIND OF E INDUSTRY Y Stee | BUSINESS C |
| 35 | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR aryland Howa | VTY | 136 CITY OR TOW Columbia | N | 13d. INSIDE CITY LIMITS? YES NO | 13e. STREET ADDRESS 6423 Amher | st Ave. | , 2104 | 6 |
| 120 | | ate John J Flahavan lat | | | 15. MOTHER'S MAIDEN NA/ late Margar | rgaret L Touney | | | | |
| redical medical | | | MED FORCES? /E WAR OR DATES) | 16b. SOCIAL SECU | RITY NO. | Mr WAlter J | Carrion 642 | | st Ave | 2104 |
| price to breal, cremote | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse last. PART 2 OTHER SIGNIFICANT (| (c) CONDITIONS <u>C</u> | RASA CONSEQUE | DEATH BUT | NCEP HM O RAM NGG + M NOT RELATED TO THE TERM N WAS PERFORMED | manasi | OITION GIVEN | | S USED |
| 400 | FETE | 21a. ACCIDENT WAS UNDERLYING | 7 216 TIME C | SE INTURY | | 21c. HOW INJURY OCCURR | YES NO | YES [| | NO 🗆 |
| 1111 | MEDICAL C | OR CONTRIBUTING CAUSE OF DE. | ATH HOUR A | | YEAR 19 | THE HOW INJURY OCCUR | LD (ENTER NATURE OF INJUR | TIN HEM IS PART | ORPARIZ | |
| 2 3 | 0 | 21d INJURY OCCURRED | | OF INJURY REET, FACTORY, OFFICE F | ARM ETC) | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| hand | N N | AT WORK NOT WHILE | | | | | | | - | |
| of Health and n 21 is marked | ME | 22a I certify that (I) (this hasp | | | 0.0 | 19 (aur) apinion a | to | 160_, 19_ | | uses stated |
| State Days, of Nealth and | ME | 220.1 certify that (I) (this hosp saw the special of the or above (I) was did in the state of th | 12-7 ti) view the body | | 0.0 | ATTENDING PHYSICIAN | death accurred on the do | F | , the d from the care | |
| hould be detached for use on the rith the State Dealt of Registration and APORTANI. If hem 21 is marked to the state of th | ME | 220.1 certify that (1) (this hasp | 12-7 ti) view the body | | 0.0 | DEGREE | MEDICAL STAF | F | | uses stated |
| should be detailed for use on the with the State Days of health and IMPORTANI. If hem 21 is exoched. | 230. | 220.1 certify that (I) (this hosp saw the special of the or above (I) was did in the state of th | or PRINT) 23b. DATE | ofter degth. | NAME OF C | ATTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | | uses stated |

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murry Witte Will Columnia W Ellicott City

| 1 | 1. | FOR STATE REGISTRAR | DEPA | RTMENT OF | E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH | YGIENE 8 3 | 3 3 4 | 7 5 |
|--|---------------|---|---|---------------------------|---|---|---|--|
| e | | CEASED NAME FIRST Anna | WIDDLE | Chi | ofalo | 20. DATE OF DEATH | MONTH DAY YEAR 12 04 83 | 12.20 M |
| (M) | 3. SE | | 4. RACE White | 5. DATE (| of BIRTH 21, 189 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YE, MONTHS DAY YRS. | |
| eoth. Po | 7a. B | RTHPLACE (STATE OR FOREIGN COUNTRY) Italy | 76 CITIZEN OF WHAT COUNT Italy | RY? 8 MARRIE WIDOWI | D NEVER MARRIED C |] , | County OF DEATH | MD. |
| s ofter d by the filled with | 10 C. | Columbia : | 11. NAME OF HOSPITAL, NUI | | 1 | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemak | F WORKING LIFE) INDUSTR | O OF BUSINESS OR |
| filled in mould be | | AL RESIDENCE (IF NURSING HOME STATE | 13c. CITY OR I | EFORP ADMISSION) | 134. INSIDE CITY LIMITS? YES X NO | | lorthern Pl | * 1 |
| ted with |) F | Joseph | Scandal Scandal | | 15. MOTHER'S MAIDEN N ROSE | WIDDLE | Not Known | LAST |
| ysicion and dispers. Pager, wal. | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166. SOCIALS | | Rose M. Lus | sco 2603 E. I | | wy. 21214 |
| es that the death certificated by the ottending phylease remove carbona urial, cremation, or rema | NO | Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (| DUE TO, OR AS A CONSE (b) A CRTI DUE TO, OR AS A CONSE (c) ATHER | QUENCE OF SCL | EROSIS, H | ITRAL REGU ART DISE | 12 PRGITATION 95E | |
| he low re oon. hos been 1 permit. T iene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | | | 200 AUTOPSY? | 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES | DINGS USED SES OF DEATH? |
| ING PHYSICIAN: The low requir catendring physicion. Wher this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be orked or them 18 showegay injury orked or them 18 showegay injury | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER CITE, INJURY OCCURRED AT WORK AT WORK AT WORK | | 19 | 211. LOCATION STREET | JRRED (ENTER NATURE OF INJUI | | STATE |
| L OR ATTEND the hospital of L DIRECTOR: A trached for use e Dept. of Heal it frem 21 is m | | 220.1 certify that (1) (this hospi saw the deceosed alive on abave, (1) (we) (did) (did no | tol) ottended the deceosed from P. 6 y 1) view the body after death. Shua P. Kuur | 9 <u>83</u> , a | DEGREE | n death occurred on the do | ate and haur and from the | that (1) (we) last the causes stated TE SIGNED |
| O HOSPITAL etorned by 11 TO FUNERAL should be det with the Store MAPORTANT: | | KRISHNA P. | | | 22e ADDRESS | COUNTY GEN | | |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | Dec 7 1983 | | emetery or crematory oly Redeemer | 234 LOCATION CITY OF TOWN Balti | more county | Maryland |
| DHMH-16 30M 2/80 (VRA 15, 4) | 24 FI | uneral director Leonard J. Ruch | r, Inc. Balti | nore, M | aryland 250 D | EC 5 1983 | 25b. Besistrar's SIGN | Cohiel |

To Learn of home M. Lages E. W. E. Bournern Lary. 21216 buniquel les liges luis hedeamer la lacre largique Leonard J. Much. Inc. Ballimore, Maryland DEC 5 1983 Mary Comit.

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Lurial Dec 10, 1983 Creations

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Thie July 27, 1900 00

The service U. L.A. & House County

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Harriand Howard County General Nospital Recired Owner Newtaurant

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Harial Hot 22, 1983 Clon Laven.

Cook Survivas Loo. mandard — validade x that and true. Stass -115 24154 115V 21 - 2 Sant L. Locher Sure as 13 incred - I I have been a week or see the latter of the lat La menal hares we contribute the second of t This this was the same 1343/E many and the same was the contract of the same of the The same surrent and 1938 whether the same and

UNK. #83-92 DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN X MONTH 20. DATE YEAR 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED JOSE ELADIO DIAZ 12 - 241983 4. RACE IF UNDER TYR. 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 12 HOUR 12:25 DATE LAST BIRTHDAY) PRONOUNCED DEAD 1983 12 - 24Male Thite 72 7056 a. M 70 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) ElSalvador ElSalvador WIDOWED DIVORCED Howard County, IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITT OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Rt. 95 south of tunnel exit FOR MOST OF WORKING LIFE! Howard Laborer DED TO THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1, 2 AND 31 DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. RETAIN 25 SCHOLUD BE USED AS A BURIAL—TRANSIT PERMIT. PAGES 1 AND 2 SHOULD DEPARTMENT OF HEALTH WITH PRINCIP PAGES 1 AND 2 SHOULD IN PRINCIP PAGES 1 AND 2 SHOULD IN PRINCIP PAGES 1 AND 2 SHOULD IN PRINCIP PAGES 1 AND ABOUTAL HYGINE, DIVISION OF VITAL PRINCIP PAGES 1 AND ABOUTAL HYGINE, DIVISION OF VITAL PAGES 1 AND ABOUTAL HYGINE, DIVISION OF VITAL PAGES 1 AND ABOUTAL HYGINE, DIVISION OF VITAL PAGES 1 AND ABOUTAL HYGINE DIVISION OF VITAL PAGES 1 AND ABOUTAL PAGES 1 AN JUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES W NO [George Hypttermille 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Sanchez Diez Diag Tome 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 8313 Draper Lane Virginia Latano WKKNOWN Silver Spring. Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 216. TIME OF INJURY HOUR XXX MONTH DAY YEAR 210. EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING 天文OR 1983 11:20M 12 - 23pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. TO MEDICAL EXAMINER: THIS CAR EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYDAND, 21201 PF STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE XX Tunnel exit, Howard Co., Md. highway 95 south of AT WORK Autopsy XX 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from Accident XX Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant DATE 12-24-83 MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Dennis F. Smyth, M.D. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal ElSalvador 1-10-84 lues BP 24 FUNERAL DIRECTOR **DHMH - 17** Chambers Silver Spring 20910 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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| 10 | 1- | FOR STATE REGISTRAR | | DEPARTI | | ALTH AND MENTAL HYG CATE OF DEATH | REG. N | 0. | 3- 1 | |
|-------|---------------|--|--------------------------|--------------------------|-------------|--------------------------------------|-------------------------------|-------------|-----------------|----------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | | ST | 2a. DATE OF DEATH | | AY YEAR | 26. HOUR |
| | | GEO | rge e | EMORY | DK | IVER | | | 8 83 | 232 AM |
| | 3. SE | | 4. RACE | | 5. DATE O | BIRTH DAY YEAR | 6. AGE (IN YEARS LAST BIR | N | IF UNDER 1 YEAR | HOURS MIN. |
| | | WALE | WH | | 8 | 4 1891 | 92 | | | |
| 10 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | MARRIED | ☐ NEVER MARRIED ☐ | 9. BALTIMORE CITY | | | |
| 2 | | | | | WIDOWE | DIVORCED C | 12g USUAL OCCUPAT | | OUNTY ASI | MD. OF BUSINESS OR |
| 1 | | TY OR TOWN OF DEATH | (IF NOT IN SUC | TH FACILITY, GIVE STREET | ADDRESS) | | (TYPE OF WORK FOR MOST (| | | IF BOSINESS OK |
| | | LUMBIA , MD. | OR OTHER INSTITUTION | CNTY, G | ENERA | L HOSP, | REtired | | | |
| 25 | 13a. S | STATE 136 CO | UNTY | 13c. CITY OR TOW | N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | . 2 | 1/1/ |
| and a | | aryland How | ard | Laure] | | YES NO NO NA | 10630 Gor | man Ro | | 1040 |
| 16 | 100 | | rīver | LAST | | late Maud | Mason | | LAS | 11 |
| 100 | | WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| | | YES, NO OR UNKNOWN) (IF YES (| GIVE WAR OR DATES) | | | George Ramsbu | rg Route 2 | 9 Col | ımbia M | 21046 |
| 9 | | 18. CAUSE OF DEATH (Enter | only one couse per | r line for (o), (b), an | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 3 | 7 | PART I DEATH WAS CAU | SED BY: ATE CAUSE (a) | CARDIO . | - RESP | RATORY AR | REST | | ~4 | 5" |
| | | 0389 | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | |
| | | Conditions, if ony, which | (b) | SEPSIS | , UKIN | JARY TRACT | ORIGIN | | ~ 18 | s hus. |
| | | cause (a), stating the underlying cause lost. | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | |
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| | Z | | | VASCULAT | | | ANNAL DISEASE OK CON | ADITION GIV | EN IN PAKE ! | |
| | ATIC | 19g. DATE OF OPERATION | | | | WAS PERFORMED | 20a AUTOPSY? | | , WERE FIND! | |
| 7 | CERTIFICATION | | / | | | | YES NO | | YING CAUSES | OF DEATH? |
| , | CERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME C | | | 21c HOW INJURY OCCUR | | | | |
| 1 | | OR CONTRIBUTING CAUSE OF I | DEATH | .M. MONTH D .M. | AY YEAR | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION STREET | CITY OR TO | OWN | COUNTY | STATE |
| | ¥ | WHILE NOT WHILE AT WORK | (AT HOME ST | REET, FACTORY, OFFICE. | FARM, ETC) | SIRCE | 2.71 0.71 | | | |
| | 13 | 22a. I certify that (I) (this has | | | | 17 17 19 33 | , to | 18 | | that(1) (we) last |
| | | saw the deceased alive above,((1)(we) (did)(did | on not) view the body | ofter death. | 83 , on | d that in (my) (aur) apinian | death accurred on the d | ate and hav | r and fram the | causes stated |
| | | 226. SIGNATURE | | 777 2 | 7 | DEGREE | WEDICAL CT. | | 22t. DATE | SIGNED |
| | | Nouis - | 1. Therie | 5 1 | 11/ | ATTENDING PHYSICIAN { | MEDICAL STA | | 12 | 18 /83 |
| 1 | | 224 PHYSICIAN'S NAME INTE | 1111 | | = 11 | 27e. ADDRESS | | | | - |
| | | | IES THE | CM | | 4326 CROSS C | | ELLIC | ON CITY | Y, ND. 2104 |
| 6 | 23 a. | BURIAL, CREMAJION, REMOV. (SPECIFY) BUTIAL | AL 23b. DATE | | | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | | Dec. | 21,1983 | ropia | Springs | Poplar S | | | |
| | | uneral director | 6112 Cal | ADDRESS - | 111100 | | TE REC'D. BY REGISTRAF | 256. KEGIST | KAR'S SIGNA | street |
| | H | arry h witzke | 4112 601 | THISTORY I | 11160 | - CITTY | EC 20 1983 | 1000 | | |

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STATE OF MARYLAND

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Today a strong single strong and a complete strong and a complete

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BACTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 20. DATE OF DEATH 2h. HOUR (Type or print) KA Dec. 1983 OSCAR DAVID FINCHAM 4: A.N 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In veors last birthday) MONTHS DAYS HOURS Mar. 13. 1902 Male Caucasian XX XX XX XX 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (vitnuos DIVORCED T WIDOWED Howard W. Va. USA physician and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 2722 St. during most of working life, even if retired.) carbon INDUSTRY Ellicott City Johns Lane Weaver n/a-/ 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY attending physician and a series of the please remove NO . Ellicott Howard St Johns Lane n any 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Last requires that the deoth certificate be late Ella Corbin Ernest Fincham 16g. WAS DECEASED EVER IN ILS ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) Mrs Annie Fincham 2722 St Johns La 21043 No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Adenocarcinoma, Left Lung 12 months. crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gave rise ta immediate cause (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Poge 4 moy be retoined by the hospital ar ottending FUNERAL DIRECTOR: After this certificate has been as the anone 190. DAT 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES [NO X detoched for use te Dept. af Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION City or Town While Not while at wark with the Stote 220. I certify that (I) (this hospital) of tended the deceased from Aug. 20, 1982, to Nov. 29, 1983, that (I) (we) lost saw the deceased alive on Nov. 29 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above (1) Twe) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED ATTENDING director, page 3 should be filed v STAFF PHYS. DEGREE Dec. 7, 1983 PHYS. DIRECTOR 22e. ADDRESS J. Young, MD. Howard Co. Medical Center, Ellicott City nthony 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2 Ellicott City Maryland DEC 9, 1983 Good Shepherd 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE VR A15 (4) Harry H Witzke 4112 Columbia RdEllicott City

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Lake Ella Oppola

Mrs Armic Finches 2722 St Johns La 21043

Nurial SEC 9, 1985 Cond Shepherd
Harry H Nitake Gill Colombia, MdEllicott Sicy

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECLASED NAME MONTH YEAR 2b. HOUR LYOPE CHI PRINT 20 12 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH MONTH YEAR tema 0 A BRINPLACE INTATION FOR ION 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED K DIVORCED [IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GENEVAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS IA FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) II. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY hows IMMEDIATE CAUSE (o. cardiovas culas Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART 1 OR RART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK 220 I certify that (1) this hospital) pttended the deceased from November 28 the deceased slive on Nou. 28 19 83 . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body offer death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STATE 12-3.83 FUNERAL MPORTANT WILLIAM PARNES 220 ADDRESS the the CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY DHMH-16 30M 2/80 (VRA 15, 4)

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| 1. | 1 | FOR - STATE | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY | GIENE 3 | 3 3 4 8 6 |
|--|---------------|---|--|---|-----------------------------|---|
| 1 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | D. |
| TEA! | | CEASED NAME FIRST | MIDDLE | EAST | 20. DATE OF DEATH | MONTH DAY YEAR 26. HOUR |
| 人的知识 | (TYP | ROBE! | ET MILES | GEAPHART | THE | C. 28, 1983 12:20 pm |
| | 3. SE | | 1. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | |
| ge 4 ector. us off | 1 | MALE | WHITE | JAN. 3 1903 | 80 | MONTHS DAYS HOURS MIN. |
| a pod | 7a. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | ? 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF DEATH |
| of 72 | 1 | PARYLAND | U. S. A. | WIDOWED DIVORCED | 11/12/10/10 | D COUNTY MD. |
| P S S S S S S S S S S S S S S S S S S S | 10 C | ITY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATE | |
| of the led of | EL | LICET CITY | 1946 FREDERI | | MECHANIC | F WORKING LIFE! INDUSTRY UTILITY |
| in be fu | USU | AL RESIDENCE (IF NURSING HOME C | OR OTHER INSTITUTION, GIVE RESIDENCE BEFO | DRE ADMISSION) | | |
| S S S S S S S S S S S S S S S S S S S | 130. | ARYLAND HOL | 1000 | WN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | PERKK RD 21043 |
| YLA thin thin 2 sho | 14. F. | ATHER'S NAME | TELECIA | 15. MOTHER'S MAIDEN N | | CEREN KD. 210-13 |
| a son E | 1 | A FIRST | MIDDLE LAST | FIRST | WIDDIE | LAST |
| E, MA | | SEORGE WAS DECEASED EVER IN U.S. A | | CURITY NO. 17. INFORMANT | ADDRE | 77709 |
| NOR Speak | | | IVE WAR OR DATES) | ORITY NO. 17. INFORMANT | 1 1 | 59946 FREDERICK RD |
| S. Pe | | NO | - 213~14 | 8760 Ms. Helen Ge | arhart ELL | ICCT CITY, MD 21043 |
| BAL sote | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | | and (cl.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| p ph p ph p ph p ph p ph p ph p ph p ph | 100 | | ATE CAUSE (o) | oreimouler | 1615 | |
| ding orb | | 1519 | DUE TO, OR AS A CONSEQ | JENCE OF - O | 0 | (4))) |
| deot deot ion, | | Canditians, if any, which | (1b) B | OUSTRIP (DU | Clubu | uor |
| he o he o emo | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQ | UENCE OF | | |
| W. set the set of the | | underlying cause last. | DUE TO, OR AS A CONSEQ | DENCE OF | | |
| se the pleed rule of the property or the property or the property or the property of the prope | | PART 2 OTHER SIGNIFIC ANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | ANNAL DISEASE OR CONI | DITION CIVEN IN DART 1. |
| ps, sign hen to bu | Z | TART E. OTTER STOTAL EXACT | CONDITIONS CONTRIBUTION | DEATH BOTHOT RELATED TO THE TER. | MINAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| ECOR pow report on it. I prior | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| REK | FIC | | | | 3 2 2 2 2 2 2 2 | IN CERTIFYING CAUSES OF DEATH? |
| VITAL VITAL N: The hysicion cote h ronsit p Hygiel 18 shov | E . | 71a. ACCIDENT WAS UNDERLYING | 7 21b. TIME OF INJURY | 121. HOW MILLIPY OCCUP | YES NO | YES NO |
| | | OR CONTRIBUTING CAUSE OF D | | DAY YEAR | RRED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 OR PART 2) |
| SICI SICI ng I I I I I I I I I I I I I I I I I I | S | (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 | | |
| PHY endi | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | PARM, ETC.) 211. LOCATION | CITY OF TO | WN COUNTY STATE |
| N Option | ~ | AT WORK NOT WHILE | | | | |
| A o o o | | 220.1 certify that (I) (this has | pital) attended the deceased fram | | , to | , 19, that (I) (we) last |
| ATTEN ospitol eCTOR: d for us f. of He | | saw the deceased alive a | n19. at view the bady after death. | , and that in (my) (our) apiniar | death occurred an the do | ate and haur and from the causes stated |
| 8 4 8 6 0 6 | - | 22b. SIGNATURE | di view ine budy offer death. | DEGREE | | 22c. DATE SIGNED |
| the Doctor | | F.K.LRA | 141-1 | ATTENDING PHYSICIAN | MEDICAL STAF | 12-7.9-83 |
| PITA by by Stori | | 22d. PHYSICIAN'S NAME | Carper The | TO ADDRESS | DIRECTOR PHYSIC | IAN 1 1 2 2 0 0 3 |
| O HOSPIT etoined by TO FUNER should be with the Str | | (1) | I HTUM LAND | St APMA | 1 Med. Ce. | uter |
| TO HOSPII retained by TO FUNE should be with the St | 00 | | What IN | FILE | | |
| | 250. | BURIAL, CREMATION, REMOVA | 112 21 0-11 | NAME OF CEMETERY OR COMMATORY | 23d. LOCATION | COUNTY STATE |
| BP | 3 | SURIAL | 12-31-83 6 | DOD SHEPHURD (B. | M. ELLICOTT | |
| DHMH - 16 50M 4/83 | 24 F | UNERAL DIRECTOR | ADDRESS | 400 | TE REC'D. BY REGISTRAR | 256 REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | J. | LACK FINERA | LITOME ELL | LOT CITY MD 21093 A | N 3 1984 | |

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injury, ar ather traumatic event, the medical examm

IMPORTANT: If them 21 is marked or them 18 shaws any

FOR - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| н. | REGISTRAR | | CENTINI | CAIL OI DEATH | REG. N | 0. | | | |
|----|--|--|------------|---|--|---|-------------------------|-------------|------|
| I | 1. DECEASED NAME FIRST | WIDDLE | LA | AST | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR | 2 |
| 1 | (TYPE OR PRINT) Beulah | F. Greer | | | Dec 31, | 1983 | | | М |
| T | 3 SEX | 4 RACE | 5. DATE O | | 6. AGE IN YEARS LAST BI | | UNDER I YEAR | IF UNGER 2 | |
| 1 | Female | White | July | 15° 1913° | 70 | YRS | VIHS DAYS | HOURS | MIN. |
| | Ta. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | | FDEATH | | |
| | Tennesse | U.S.A. | WIDOWE | X | Howard | County | | | MD. |
| 1 | Ellicott City | 11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET 5008 Worthin | ADDRESS) | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewif | | 12b. KIND O INDUSTRY | FBUSINES | SSOR |
| 7 | USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland How | NTY 13LCITY OR TOW | t Cit | 13d. INSIDE CITY LIMITS? | 5008 Worth | ington | Way | 104 | 3 |
| | 1 FATHER'S NAME | Tijah Coldwell | | 15. MOTHER'S MAIDEN NAM | ne MIDDLE | | LAST | ı | |
| T | (YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDR | ESS | 21 | 043 | |
| | (1.65, 1.65, 5.1 | 218 18 | 9932 | Mr Joel C Gre | eer Sr. 500 | 8 Worth | ingto | n Way | 7 |
| | PART I. DEATH WAS CAUSI | nly ane cause per line for IO), ID, and ED BY: TE CAUSE (a) DUE TO, OR ASM CONSEQUI | 11 | neury y ? | Morain a. | nta | 2 1 | WK | Z Z |
| | Canditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUE | ENGE OF | Milioner | e lardio | | 7, | 111 | |
| 1 | underlying cause last. | (c) | Vas | c. Mesen | | | 1-10 | is do | |
| 1 | PART 2 OTHER SIGNIFICANT | conditions <u>contributing to</u> [| DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 110 | 11 | |
| | <u> </u> | | | | | | | | |
| 1 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 19b. CONDITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES [| NG CAUSES | | |
| 7 | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | AY YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART | 1 OR PART 2) | | |
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| | 24 FUNERAL DIRECTOR | | | 25a. DATE | E REC'D. BY REGISTRAR | 25b. REGISTRA | R'S SIGNATI | JRE | |
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| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |

| REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | D. | | |
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| COLUMBIA | | LORIE | N NURSIN | G HOME | OR OTHER INSTITUTION | RETIRED BUY | ON ER | RETA | IL SALES |
| 130. STATE MARYLAND | 13b. COUNT HOWA | Υ | GIVE RESIDENCE BEFOR 13c. CITY OR TOV COLUMB | VN | 13dINSIDE CITY LIMITS? | 135551 HARPE | RS FAF | RM RD. | 21044 |
| THOMAS | | HILL | BOROM | | 15. MOTHER'S MAIDEN NA FANNIE | BLANC | CHE | LOW | Ğ |
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STATE OF MARYLAND -STATE REGISTRAR REG. NO DECEASED NAME KNOWN IX 2a. DATE MONTH (TYPE OR PRINT) DEATH MATED David Hawtof 12/4/839 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED JULY 12,1915 MALE WH TTE 68 YRS 12/4/8319 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY) **TEXAS** USA WIDOWED DIVORCED Howard County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ELECTRICAL CONTRACTOR ELECTRICITY Turf Motel SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY MARYLAND BALTIMORE BALTIMORE 2100 OLD FREDERICK RD. 21228 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME HAWTOF JOSEPH DORA GLICKSON MRS. KATHRYMENAWTOF 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) 217-03-9494A 2100 OLD FREDERICK RD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined monner Natural causes TITLE (SPECIFY) M.D.Assistant MEDICAL EXAMINER SIGNED 12/5/83 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto.Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION REISTERSTOWN MD SPECIFYBUR TAL OHEB SHALOM MEM. PARK BALTO. DEC.6,1983 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. BALTO., MD 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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| V W. | 1. | E (1) D | G587 1 | 1/11/84 | DEPARTMENT | | AND MENTAL I | YGIENE 3 | 3 4 | 9 4 | |
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| No 20 | 1- | STATE a</th><th></th><th>ME</th><th>DICAL EXAM</th><th>NER'S C</th><th>ERTIFICATE (</th><th>OF DEATH</th><th>REG. NO.</th><th></th><th></th></tr><tr><td>1</td><td></td><td>CEASED NAME E OR PRINT)</td><td>FIRST</td><td></td><td>WIDDLE</td><td></td><td>LAST</td><td>26. DATE OF</td><td>KNOWN KK</td><td></td><td>YEAR 26. HOUR</td></tr><tr><td>2 一张号码号面 /</td><td>3. SE)</td><td>4. RA</td><td>DEAN</td><td>DATE OF BIRTH</td><td>EDWARD 6. AGE III</td><td>YEARS IF UN</td><td>THINGTON DER LYRE TIPUNDER</td><td></td><td></td><td>12-8-8319</td><td>YEAR 2d. HOU:</td></tr><tr><td></td><td></td><td>ale</td><td>White</td><td>Sept.9</td><td>YEAR LAST BIRT</td><td>HDAY) MONTS</td><td></td><td>MIN. PRONOU</td><td>NCED</td><td>12-8-8319</td><td>9:56</td></tr><tr><td></td><td>70: B</td><td>RTHPLACE (STATE OF</td><td></td><td></td><td>VHAT COUNTRY?</td><td>I</td><td>ED NEVER MARK</td><td>9. BALTI/</td><td></td><td>COUNTY OF DEAT</td><td></td></tr><tr><td>製造の</td><td>1/</td><td>New Yor</td><td></td><td>U.S.</td><td></td><td>WIDOW</td><td>EDXIX DIVOR</td><td>CED 🗆 HO</td><td>ward Cou</td><td></td><td>JM.</td></tr><tr><td>ELAY IS TO THE F PACE SE FILED DECOIL V</td><td>EL</td><td>Licott Ci</td><td>ty</td><td>31375 F</td><td>SPITAL, NURSING HO FACILITY GIVE STREET ADDRES WEST SPI</td><td>ingsD</td><td>r i ve</td><td>Purchas</td><td>ORKING LIFE)</td><td>OR INI</td><td>of Business Dustry :h&Down</td></tr><tr><td>21201 AND 3 AND 3 RETAIN BOULD BOULD BECORD</td><td>13a S</td><td>IL RESIDENCE (IF IN N TATE ryland</td><td>Howas</td><td>,</td><td>13c. CITY OR TOWN</td><td>V</td><td>T3d. INSIDE CITY LIMITS? YES X NO</td><td>13e STREET ADDR</td><td></td><td>043 ings Dr</td><td></td></tr><tr><td>ME. MD.</td><td>Y</td><td>ATHER'S NAME FIRST N/A</td><td></td><td>MIDDLE</td><td>LAST</td><td></td><td></td><td>A</td><td>MIDDLE</td><td>LAST</td><td></td></tr><tr><td>RS AFTER RS AFTER B. GIVE PAR WITH FOR</td><td>160. \</td><td>VAS DECEASED EVE ES, NO, OR UNKNOWN) NO</td><td>R IN U.S. ARMI</td><td></td><td>166. SOCIAL SECU</td><td>1649</td><td>17 INFORMAN(S. Catheri:</td><td>ister-in ne Allen</td><td></td><td>ton, N.J</td><td></td></tr><tr><td>WITHIN 24 HOL WITHIN 24 HOL ENCIL IN ITEM 18 MINER ALONG VITEM 11 MINER WIST FERMIT VITAL HYCIENE, OR REMOVAL.</td><td></td><td>18 CAUSE OF DEA PART I DEATH V 4/2 9 2 Conditions, if gave rise to couse (o) statir lying cause los</td><td>MAS CAUSED IMMEDIATE ony, which immediate ag the under-</td><td>CAUSE (o) A DUE TO, O</td><td>e for (o), (b), and (c).) Arteriosc R as a consequence R as a consequence</td><td>E OF</td><td>ic cardi</td><td>ovascula</td><td>ar dise</td><td>RETWEEN</td><td>XIMATE INTERVAL I ONSET AND DEATH</td></tr><tr><th>TTAL RECORDS, 201 V HOULD BE EXECUTED SPD "PENDING" IN PR CHIEF MEDICAL EXAM CHEATTH AND MED REALL CREMATION, C</th><th>TION</th><th></th><th>ANT CONDITIONS <u>co</u></th><th></th><th>BUT NOT RELATED TO THE T</th><th></th><th></th><th>ART 1 (6).</th><th></th><th></th><th></th></tr><tr><td>WITAL R SHOULD ORD "P CHIEF E USED URIAL</td><td>FICA</td><td>190. DATE OF OPER</td><td>RATION</td><td>IVE. COND</td><td>III ION FOR WHICH OF</td><td>PERATION W</td><td>AS PERFORMED?</td><td></td><td></td><td>20 AUTO</td><td></td></tr><tr><td>CERTIFICATE SHIPTING THE WOSE TO THE CIE SANOULD SANOULD TO THE CIE SANOULD SANOULD TO THE CIE SENOULD TO TH</td><td>MEDICAL CERTIFICATION</td><td>2)0 EXTERNAL CAI UNDERLYING CONTRIBUTING</td><td>OR CAUSE OF DE</td><td>ATH P.</td><td>M. MONTH DAY YI M. 19</td><td>EAR</td><td>W INJURY OCCURR</td><td>ED (ENTER NATURE OF IT</td><td>NJURY IN ITEM 18 PART</td><td>YES (1 OR PART 2)</td><td>LI NOX</td></tr><tr><td>DIVISI DIVISI THIS CERT JATE, WRITING CORWARDED OR: PAGE 3 SI HE STATE DEP, ND, 21201 PR</td><td>MED</td><td>214 INJURY OCCU WHILE NO AT WORK AT</td><td></td><td></td><td>OF INJURY (AT HOME CTORY, FARM, ETC.)</td><td></td><td>TREET</td><td>CITY OR TO</td><td>OWN</td><td>COUNTY</td><td>STATE</td></tr><tr><td>TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PATER BAHTIRNORE, MARYLAND, 21201</td><td></td><td>220. I certify that death resulted from ACTUAL ISIGNATURE EXAMINER'S NAM (TYPE OR PRINT)</td><td>im: Natura</td><td>ynte</td><td>Accident Accident Korell M.</td><td>Suicide M</td><td>Hamicide , TITLE (SPECIFY) D. Assista</td><td>Undetermined m</td><td>manner</td><td>DATE SIGNED 12-9</td><td>-83</td></tr><tr><td>BP440</td><td>(</td><td>URIAL, CREMATION, Burial UNERAL DIRECTOR</td><td></td><td>12/15/8</td><td></td><td>Ridge</td><td>lawn Cem</td><td>. Clifto</td><td>n Pas</td><td>saic N</td><td>STATE</td></tr><tr><td>DHMH - 17 (VR A15 ME (5))</td><td>24.</td><td>Tleming</td><td>Fune</td><td>ral Ser</td><td>vice Be</td><td>1018 nson,</td><td>Md. DEC</td><td>PRECIP BY REGISTR 2 7 1983</td><td>John</td><td>2. Comes</td><td>A</td></tr></tbody></table> | | | | | | | | | |

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Ellicott City

Harry H Witzke 4112 Columbia Rd

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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21043

Columbia - Hount' Countr Coneral Normited - Housewife

Har land Hitcort City 3352 & Charles M 21013

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The shope John ? Soleta will Stay in Britisht City

Acrist Jan 3, 1934 Crastlawn

Harard Lagran Morry W Witake 4112 Columbia Rd Ellicott City

STATE OF MARYLAND

TOWN THE PROPERTY OF THE PROPE lette. A letter A let founds mathematical transfer of the second s 21 -- y - 121 debard Stone Siddleburg, Mc. 21765 Stateman Committee They was the same of the same of the the state of the s 12/2016 Secretary of the state of the second of the second of the second Bertsl 12/23/63 Latheren unionicarcoll. M.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. N | 0. | | | |
|----|---------------|---|-------------------------|---|-------------|-------------------------|---------------------|------------------------------|------------------|------------------|----------------------------------|-----|
| | | CEASED NAME FIRST | N | VIDDLE | L | AST | 2a. DATI | | | DAY YEAR | 2b. HOUR | _ |
| | (TYPE | Rolan | 1 | 1 | auto | chech | | | 12/ | 9/83 | 505 A | -AA |
| ľ | 3. SE) | | 4. RACE | | 5. DATE C | OF BIRTH | 6 AGE | (IN YEARS LAST BI | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS | 5 |
| 1 | 1 | m | C | White | May | 1000 | 7 | 5 | YRS. | MONTHS DAYS | HOURS MIN | |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIE | D 9 BALTI | MORE CITY | OR COUNTY | OF DEATH | | |
| | | Maryland | U.S | .A. | WIDOWE | | | 110cm | and | 1 | N | ٩D |
| 1 | 10 CI | Columbia | | HOSPITAL, NURSIN | | Ceneral Contraction | 12a USL (TYPE OF | JAL OCCUPAT WORK FOR MOST | OF WORKING LIF | | F BUSINESS O | R |
| 1 | | AL RESIDENCE (IF NURSING HOME O STATE 13b. COU | ROTHER INSTITUTION INTY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW | | 13d INSIDE CITY LIM | | EET ADDRESS | old fi | aderic | #3ed | 7 |
| h | 14. FA | THER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAID | ENNAME | MIDDLE | | LAS | ī | П |
| | 18 | ate Charles I | auterbac | h | | ury | | | | | | |
| | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDR | Ellic | ott Cit | y 2104 | 13 |
| | | No | | 214 18 | 0171 | Grace B L | auterba | ch 103 | 58 01 | d Frede | rick Ro | 1 |
| | | 18 CAUSE OF DEATH (Enter o | nly one couse per | line (a) (b), and | 10/ | | | a | | BETWEEN O | MATE INTERVAL ONSET AND DEATH | 1 |
| | | PART I. DEATH WAS CAUSI | TE CAUSE (a) | retas | talle | 2 Squa | emous | Cauc | mom | 27.0 | mod. | |
| | | 1629 | DUE TO, OR | R AS A CONSEQUE | NCE OF | | • | of eu | ng. | | | |
| П | | Conditions, if ony, which | (b) | | | | | <i>V</i> |) | | | |
| | | gave rise to immediate couse (o), stoting the | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | 1000 | | |
| | 35 | underlying couse last. | ((c) | | | | | | | | Contract to | |
| | _ | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | INTRIBUTING TO E | EATH BUT | NOT RELATED TO TH | E TERMINAL DIS | EASE OR CON | DITION GIV | EN IN PART TH | | |
| | CERTIFICATION | (°h | conce o | obstruc | twe. | Dulmon | my di | seaso | | | | |
| | ICA | INE DATE OF OPERATION | IN CONDI | TION FOR WHICH | OPERATIO | WAS PERFORMED | 0 20 a. A | UTOPSY? | | , WERE FINDIN | | |
| i. | RTIF | | | - | - | | YE5 [| X ON [| | s 🗌 🚤 | _NO [] | |
| | | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | FINJURY M. MONTH DA | YEAR | 21c HOW INJURY C | OCCURRED (ENTE | R NATURE OF INJU | IRY IN ITEM 18 P | ART I OR PART 2) | | |
| 9 | CAI | (IF EITHER, NOTIFY MEDICAL EXAMINE | R) P.A | | 19 | | | | | | 12.00 | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE C | OF INJURY BET, FACTORY, OFFICE FA | ARM, ETC) | 21f. LOCATION STREET | | CITY OR TO |)WN | COUNTY | STATE | |
| | ñ, | AT WORK NOT WHILE | | | -1 | | | -1 | 4 | | | |
| | | 220.1 certify that (1) (this hosp | itol) oftended the | 93 | _4/ | | 80, ta_ | 14 | 7 | | that (1) (we) la | st |
| | | saw the deceased older of above. If we said did no | | ofter death. | | nd that in (my) (aur) a | pinian deoth occ | urred on the d | ote and hou | r and from the | causes stated | |
| | | 278 SIGNATURE | 11 | hos | | DEGREE | ING MEDIC | AT2 IA | EE | III. DATE | SIGNIPO | |
| | | Made | booke | 411 | | | ING MEDIC | OR PHYSIC | CIAN | 149 | 183 | _ |
| | 1.2 | 224. PHYSICHAELS NAME (119) | a Panery | | | 22e. ADDRESS | / | | | / / | | |
| | | DRAD J. | COOPER | c, mo | | 13959 ST. | JOHN'S | LANE, | ELLIC | OTT CIT | Y MU |) , |
| 1 | | SURIAL, CREMATION, REMOVAL | 13h, DATE | 23s. N | AME OF C | EMETERY OR CREMA | TORY 23d. LO | OCATION CITY OR TOWN | | COUNTY | STATE | |
| | | Cremation | Dec. 1 | 10, 1983 | West | view Mem. | | atonsy; | | aryland | | |
| | 24. FL | INERAL DIRECTOR | 112 0-1 | ADDRESS | | 2: | So. DATE REC'D. | BY REGISTRAR | 256. REGIST | RAR'S SIGNAT | buch | |
| | 446 | arry H Witzke 4 | 1112 0010 | imblakdEl | licot | t City | UEU 12 | 1983 | A | ~~ | | |

DHMH-16 30M 2/80 (VRA 15, 4)

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Settred

late Charles Louterbach late Idaa Fury

Haryland U.S.A.

Elidott dity 21043 214 18 0171 Grace E Lauterhach 10355 014 Fraderick &d

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ARTHUR CONTRACTOR SHOWS IN THE PARTY OF THE

Harry W Witzke 4122 Columbia Relliteatt City

| | 1. | FOR STATE REGISTRAR | DEPARTN | STATE OF MARTLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO. | 3 5 0 0 |
|---|---------------|--|---|--|--|---|
| My be | | CEASED NAME FIRST Cather | ine Mary RACE White | S. DATE OF BIRTH MONTH DAY YEAR 9 - 05 | 20. DATE OF DEATH MONTH 12- 6. AGE (IN YEARS LAST BIRTHDAY) 78 | DAY YEAR 2b. HOUR -9-83 7-84 IF UNDER 1 YEAR IF UNDER 25 HRS. MONTHS DAYS HOURS MIN. |
| rs offer death. Page by the funeral differential actions of the control of the co | B | OSTON, Mass. DITY OR TOWN OF DEATH III. Olumbia, Md. L | - Orien Nuch Facility, give street | ing Home | 9. BALTIMORE CITY OR COUNTY OF COUNT | County MD. |
| makttanu 21 to within 24 hou ompletely filled in 1 and 2 should be examined make by | 13o. | AI RESIDENCE (IF NURSING HOME OR OTE STATE I 13b. COUNTY WORLY COND TOWN TO ATHER'S NAME MARTIN | 20 131. CITY OR TOWN Ellicott REDING | 13d. INSIDE CITY LIMITS? YES NO B 15. MOTHER'S MAIDEN NA BRIDGET | ME | ling Way 21043 CUFF |
| ALTIMORE, te be execution and colors. Pages 191. the medical | | NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W | D FORCES? 166 SOCIAL SECU AR OR DATES) 011 -09 - 0 | | 9133 WILL | te, Md 21043 |
| 5, 201 W. PRESTON ST., B. ires that the death certifica- gned by the attending phys nn please remove carbon pop burial, cremation, or remove ry, or ather traumatic event, | NO | Conditions, it ony, which gove rise to immediate couse (o), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | hrel Inference | ninal disease or condition | 6 Months |
| TAL RECORDS The low requicion. The low sequicion. The hos been si the hos been si sei permit. The rigiene prior to shows only injure. | CERTIFICATION | 190. DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| SION OF VITAL PHYSKCIAN: The ending physicio this certificate h the buriol-transit and Mental Hygie d or fem 18 sho | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | 216. PLACE OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY | Y YEAR 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN ITEM | 18. PART 1 OR PART 2) COUNTY STATE |
| DR ATTEND: shospital or DIRECTOR: A ched for use lept; of Heal I hem 21 is m | W | WHILE NOT WHILE AT WORK 270. I certify that (I) (this hospital) 170. I certify that (I) (this hospital) | entlended the deceased from 19 iew the body after death. | 3, and that in (my) (our) apinian DEGREE | , to December 9 death accurred on the date and | |
| TO HOSPITAL O retained by the TO FUNERAL DI should be detact with the State De IMPORTANT: If I | 230. | BURIAL, CREMATION, REMOVAL | 7 Julian m 23b. DATE 23c. N | ATTENDING PHYSICIAN [270. ADDRESS STAGE AME OF CEMETERY OR CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIAN PM FOMMUL 1234. LOCATION ACITY OR TOWN | Columbration Harry |
| BP DHMH - 16 50M 4/B2 (VRA 15, 4) | 1 | DURIAL UNERAL DIRECTOR NAME LACK FUNKAL 7 | 12-14-83 /1 Home ELL | 1 BOX 268 150 PM LOTT CITY ME 21043 | TE REC'D. BY REGISTRAR 25b. REG | NOLFOLK MASS, SSTRAR'S SIGNATURE |

They to oppose to suppose with the or is then the my thousand their miles Share Family Stone of Land Cop W sons

Harry H Witzke 4112 ColumbiaRd EllicottCity

(VRA 15, 4)

STATE OF MARYLAND

/ SEpt 15,1899

Maryland U.S.A. r Howard Country

Columbia Howard Country General Rospital Kitired Postal Clerk

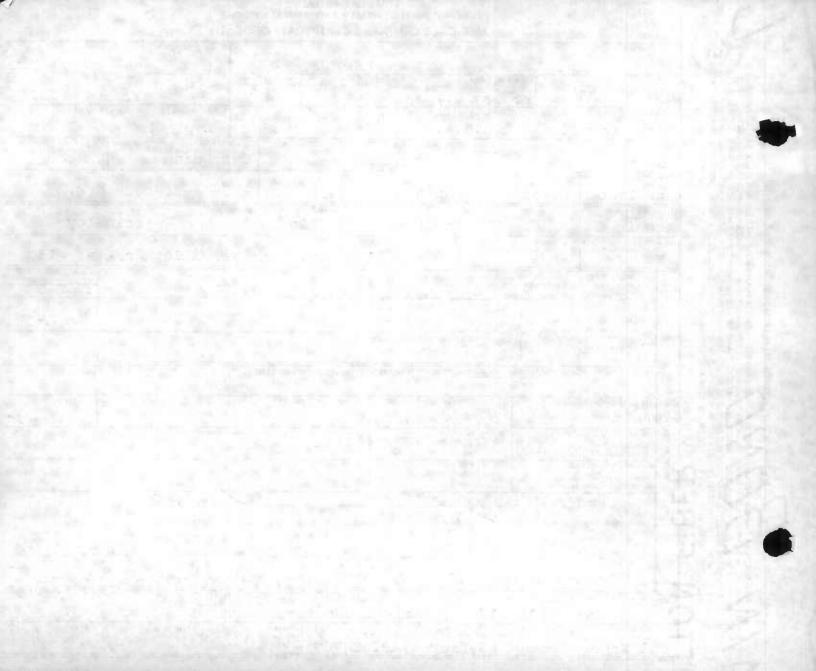
Maryland Howard Lilicott City 4915 in twood Place 11043

Late Minifeld Marray Late Virginia Lowann

213.10 8569A Mrs Joan W Johnson 4929 Enstwood Place

Marial Dec 5, 1933 Crustlwn Howard Laryuland

| | . 1/1 | | FOR | | | DEPART | MENT OF | | AND ME | NTAL RIY | GIENE | 3 | 3 | 50 | 2 | |
|-------------------|--|-----------------------|-------------------------------|----------------------|--------------------------|-------------|-----------------|---------------|---------------------------|-----------------------|-------------|----------------|----------------|--------------|-------------------------------------|--------------|
| | AZ | | STATE REGISTRAR | | | | EXAMIN | | | | | F | REG. NO. | | | |
| | CMA) | T. DE | CEASED NAME | FIRST | | MIDDLE | | - | LAST | | | ATE KNO | WN D M | ONTH D | AY YEAR | 2b. HOUR |
| | B. WIE | (1/2 | E OR PRINT) | CORA | 1 | INN | | NEi | niLLI | ER | | OF ES | TED | 2 2 | 9 1983 | TELM |
| | 2020E | 3. SE) | 4 | RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN Y | ARS IF UN | DER 1 YR. | F UNDER 24 | | DATE | 7-14 | ONTH D. | AY YEAR | 2d. HOUR |
| | N S S S S S S S S S S S S S S S S S S S | | = | W | 08 02 | 19 | i | RS. | DAIS | HOURS M | | DEAD | 12 | 2. 24 | 1 183 | 7/ELM |
| | PARTY AND THE SALES | FO | RTHPLACE (STA | | 76. CITIZEN OF WE | | VTRY? | 8. MARRI | D NEVE | ER MARRIED | 9. B | ALTIMORE | CITY OR C | OUNTY C | F DEATH | |
| - | B252 | | orth Ca | | | | | WIDOW | | DIVORCED | | 4000 | ON (TYPE OF V | 1125 | KIND OF BL | MD. |
| | 2. 五名音 | | TY OR TOWN O | FDEATH | 11. NAME OF HOS | CHITY, GIVE | STREET ADDRESS) | E, OR OTH | + INSTITUTI | ON I | Cust | OF WORKING | LIFE) | | or indust | DV |
| | Par See | | avage | EIN NURSING HOME | OR OTHER INSTITUTION, GI | | | | = - | _ | Cust | oura. | 11 | 207 | | , |
| 21201 | AND | 130. S Ma | rylanc | 13b COU | | 13c. CITY | rortown Vage | | 13d. INSIDE CITY YES 🔲 | | | Jef | ferso | on S | tr. | |
| E. MD. | BATH SERVICE | 1 | ther's NAME chie | | WIDDLE | Fau: | lkner | | E11 | C'S MAIDEN ST a | NAME | MIDDLE | Br | rink | ley | |
| WOR | SA CONTRACTOR | | VAS DECEASED | | RMED FORCES? | 100 | CIAL SECURI | | 17. INFORM | | | | DDRESS | | | E 1173 |
| ALTI | HS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION | | Jo | N/ | A | 23 | 7-03- | 2166 | Rev. | John | Nei | mill | er Sa | ame a | as #1 | .3e |
| 518 | MURS WIT P | | 18. CAUSE OF PART I DEA | TH WAS CAUSE | | 1 . | 1 | nim A | -0 Q ./ | arr | est | | | | APPROXIMAT BETWEEN ONSE SECON | ET AND DEATH |
| PRESTON ST | SER SER | | 23 | 96 IMMEDIA | ALL CHOSE (O) | AS A COI | NSEQUENCE | DIKA OF | TURY | | | | W 10 10 | | | |
| 98.65 | 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日 | 1 | | , if ony, which | | RAI | NTU | MOI | e | | | | | | MONT | H5 |
| * | PENC AMIR AMIR AMIR AMIR AMIR AMIR AMIR AMIR | - | | tating the under | | AS A COI | NSEQUENCE | | | | | | | | | |
| 5, 201 | PAN AND AND AND AND AND AND AND AND AND A | 1 | | | (c) | | | | | | | | | | | |
| RECORDS | PE EXE ADINO S A BI TH A REMA | Z | PART 2 UTNER SIG | NIFICANT CONDITION | S CONTRIBUTING TO DEATH | ROI NOI KEL | ATEO TO THE TER | MINAL DISEASE | OR CONDITION | GIVEN IN PART | 1 (0) | | | | | |
| 盟 | SEA AND AND AND AND AND AND AND AND AND AN | 15 | 190 DATE OF | PERATION | 19b. CONDI | ION FOR | WHICH OPE | ration w | AS PERFORM | AED? | | 15 % | | 2 | 0 AUTOPSY | ? |
| ¥. | SHO SHO | E | 1983 | | BRA | | TUM | | | | | | | | YES 🗌 | NO |
| DIVISION OF VITAL | A THE WENT THE TWENT THE T | MEDICAL CERTIFICATION | 210 EXTERNAL | OR | 21b. TIME OF HOUR A.M | . MONTH | | | MINJURY | OCCURRED | ENTER NATUR | E OF INJURY II | N ITEM 18 PART | 1 OR PART 2) | | |
| Sio | SHOU SHOU | DIC. | 21d. INJURY O | G CAUSE OF | 21e PLACE | OF INJUR | | | CATION | | | | | | - | 100 |
| 20 | MNER; THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "TEN E FORWARDED TO THE CHIEF METOR: PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HE UAND, 21201 PRIOR TO BURRIAL CHAND, 21201 | ME | WHILE AT WORK | NOT WHILE AT WORK | STREET, FAC | FORY, FARM, | ETC.) | S | TREET | | City | ORTOWN | | COUNTY | | STATE |
| | ATE, ATE, ORW, ORW, P. P. ST | | 220. I certify | that I taok char | ge of the remoins des | cribed ob | ove, held on | Autop | у 🔲. | Inspection | in In | quiry 📙 | ond in | my opinio | in | |
| | MINING BE FOR | 2 | death resulte | d fram: / Ngt | ural causes | Accident | , s | uicide 🗌 | , Hamicio | de 🔲 , | Undetermin | ned manne | r . | | | |
| | CER WAR | | ACTUAL | 25/ A | | - | | | TITLE (SP | ECIFS'UP | SETIFE | KTE | | DATE | - 12 | 102 |
| | A HE SHEET | | SIGNATURE | 221.0 | runches | N | | M | D. PE | DUTV | _MEDICAL | EXAMINE | R | SIGNED | 2-125 | 103 |
| | TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P | | EXAMINER'S N (TYPE OR PRIN | IAME B. H. | Minches | | u.b. | | ADDRESS - | 251 BA | | | . P. Ke | e; El | licott | City |
| | 5AA5AA _ | 23s. B | URIAL, CREMAT | | 23b DATE | | NAME OF C | | | RY | 23d. LOCAT | | | COUNTY | | STATE |
| | BP | 24 5 | Bur | | 12/31/8 | | mmanu | | | | Laur | | Howa: | | Md. | - |
| | DHMH - 17 (VR A15 ME (5)) | | | | ing Rd. | | | | 707 | DEC : | 3 0 19 | 83 | John | 2 | Come | 2 |
| | 20M 4/82 | 10 | or san | uy spr | Tud Kq. | Laui | ET,MO | . 20 | 707 | | 10 | | | V | | |



| Item 13e p | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | 0 3 |
|---|--|--|
| K.G. | 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) THEODORE NEWSON 14/103 | G' 30 Rs |
| ctor, p | | HS DAYS HOURS MR |
| eath. Pograter 72 hours | 70. BIRTHPLACE (STATE GREATERN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PALTIMORE PITY OR COUNTY OF WIDOWED DIVORCED | DEATH MD. |
| on softer de by the fur ded within | 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1 | 26. KIND OF BUSINESS OR NDUSTRY |
| BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely lilled in by poers. Page 1 and 7 should be fill woll. 11, the medicol-examiner must be n 11, the medicol-examiner must be n | USUAL RESIDENCE (IF NURSING HOME OR OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COLVY 136. CITY OR TOWN 136. INSIDERITY LIMITS? 136. STREET ADDRESS / ZIP CODE YES NO ((Control of the control of the con | 21044 |
| MARYLA within ompletely is and 7 sh | 14. FATHER'S NAME FIRST MIDDLE ANDLE MIDDLE MIDDLE | LAST |
| FIMORE, M. be executed on and from the second | 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY 10. 17 INFORMANT) ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | |
| ol W. PRESTON ST., that the death certific d by the attending ph lease remove corbanp id, cremation, or remo or other troumatic ever | 18. CAUSE OF DEATH (Enter only one couse per line for (A). (b). and (a). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AL RECORDS, 21 The low requires clon. e has been signe sit permit. Then p grene prior to bur | YES NO YES YES | ERE FINDINGS USED G CAUSES OF DEATH? |
| DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion. After this certificate has been sign to as the buriol-transit permit. Then oith and Mental Hygiene prior to b marked at Item A8 sin a part | OR CONTRIBUTING. I CAMPA OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 IN LIEP OF CLURPED 716 PLACE OF IN LIEP 717 PLACE OF IN LIEP 717 PLACE OF IN LIEP 718 PLACE OF IN LIEP 719 PLACE OF IN LIEP 710 PLACE OF IN LIEP 710 PLACE OF IN LIEP 711 PLACE OF IN LIEP 711 PLACE OF IN LIEP 711 PLACE OF IN LIEP 712 PLACE OF IN LIEP 713 PLACE OF IN LIEP 714 PLACE OF IN LIEP 715 PLACE OF IN LIEP 716 PLACE OF IN LIEP 717 PLACE OF IN LIEP 718 PLACE OF IN LIEP 719 PLACE OF IN LIEP 710 PLACE OF IN LIEP 710 PLACE OF IN LIEP 711 PLACE OF IN LIEP 712 PLACE OF IN LIEP 713 PLACE OF IN LIEP 714 PLACE OF IN LIEP 715 PLACE OF IN LIEP 715 PLACE OF IN LIEP 716 PLACE OF IN LIEP 717 PLACE OF IN LIEP 717 PLACE OF IN LIEP 718 PLACE OF IN LIEP 719 PLACE OF IN LIEP 710 PLACE OF IN LIEP 710 PLACE OF IN LIEP 710 PLACE OF IN LIEP 717 PLACE OF IN LIEP 718 | COUNTY STATE |
| OR ATTENDI e hospital or DIRECTOR: A ched for use Dept. of Heal | 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (dim of sure this had after death. 22b. SIGNATURE ATTENDING MEDICAL STAFF | d Irom the couses stated |
| TO HOSPITAL. TO FUNERAL! should be deto with the Store | PHYSICIAN STRAME (UPE OR PRINT) 226. PHYSICIAN STRAME (UPE OR PRINT) MO 226. ADDRESS 90 DACT NAT | 1/x e2 1043 |
| | | DUNTY STATE |
| BP DHMH - 16 50M 4/83 (VRA 15, 4) | Cremation DEc 24,1983 Westview Memorial Pk Catonsville Bal 24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia ARd Ellicott City Catonsville Bal 25 Page 12 Dec 22 Properties Pr | |

Cremation DEc 24,1981 (cutview Memorial Pl Catonsville Halto, Maryland Harry H Witzke (112 Columbia Ed Ellicott City

| SEX | DEATH MATED DE | | 1. DE | REGISTRAR CEASED NAM | E FIRST | | 77122 | WIDDLE | EXAMINI | LK 3 CI | ST | CAIL | 7 | 20. DATE | REG. | | TH DAY | YEAR | 2b. HOL |
|--|--|--|---------|--|--|--------------------|-----------------|-----------------------------|------------------|---------|-------------------|-----------|-------------|--------------|--------------|--------------|--------------|------------|-----------------|
| CAUC 15 0 | CAUC DAY THAT COUNTRY DAY THAT COUNTRY DAY TOURS MARRIED DEAD DEAD DAY DEAD D | | (TYP | E OR PRINT) | Vic | TOR | | 6. | | N | EW | MAN | | OF | ESTI- | 17 | | 1983 | 020 |
| MARKED M | MARKED MARKED MARKED MARKED MARKED MOVER O DIVORCED HOWARD MARKED MOVER O DIVORCED MOVER O MARKED | 4 | L SEX | m | 1.7 | | H DAY | | LAST BIRTHDA | MONTHS | | | | PRONOU | NCED | /2 | | 83 | 2d. HOU 0 2C |
| 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NUBSING HOME, OR OTHER INSTITUTION 17 NO OF BUSINESSY OR INDUSTRY DE 10 NO OF BUSINESSY DE 10 | THE CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IT SUBJECT OF SUCH PACING SHEET ADDRESS COLUMN 130 STATE IT NAME IT NAME IT NAME IT NAME IT NAME IT SUBJECT OR TOWN IT SUBJECT OR TOWN | 3 | FA | REIGN COUNTRY) | | 7b. CIT | | | ITRY? | | | | SIED | 1. | | _ | INTY OF E | EATH | A4 |
| 13. INSIDE (IT LIMITS) 13. INSIDE (IT LIMI | 136 STATE 130 CONTRIBUTING CONSTRUCTION OF RESIDENCE BLOWS CONTRIBUTING TO BEATH ON THE RESIDENCE OF CONDITION GIVEN IN PART I DEATH ON COUNTY 130 STATES 130 STREET ADDRESS 130 STREET ADDR | - | 10. CI | Colum | OFDEATH | F | TOWAR | ILITY, GIVE S | TREET ADDRESS) | 1 GE | A) A | 1 | FOR / | AL OCCU | PATION (| TYPE OF WOR | | | |
| MANCON MANCON Newman Newman Newman Marie Hartman Newman Marie Hartman Newman Marie Hartman Newman Marie Hartman Newman Newso Decased ever in u.s. Arbeit was or orates) (Iff in No. OR UNKNOWN) (Iff in No. OR In No | MODIE MOTION NEWTON | 5 | 13a. S | TATE | (IF IN NURSING HOW | OR OTHER I | NSTITUTION, GIV | 13c. CITY | OR TOWN | , 1 | | | | | / | 3000 | RD | 207 | 783 |
| The continuity of the course of the remains described above, held an autopsy The course of the c | TYPES NO. OR UNKNOWN THE WEST ORD WAS DATES 215-10-9392 Ida Mae Neuman Wife Same as 13 | | 1 | larion | | | | Ne | wman | | Mar | ie. | EN NAME | , | | | | | |
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| THE CAUSE OF DEATH I. I. AUMED FORESTEAL, NURSING HOSPITAL, NURS | ctor, ofte | 3. SEX 4 RACE 5. DATE OF BIRTH (Aug. 20, 196) 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 10 73 YRS 1 FUNDER 1 YEAR MONTHS DATS HOURS MIN. |
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#16,a,b,FilmG587 STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN IX MONTH 2b HOUR TYPE OR PRINT) ESTI-DEATH MATED William Ryan 12 - 281983 4. RACE DATE OF BIRTH & AGE (IN YEARS SEX 2d HOUR DATE 10:22 PRONOUNCED White Nov. 30 1941 Male DEAD 1983 12-28 a. M 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED AND NEVER MARRIED U.S.A. Pennsylvania DIVORCED Howard County D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Howard County General Hospital C.P.A. Alexander Columbia SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13a STREET ADDRESS | 1351 Woodridge Lane 21784 Sykesville Maryland Carroll 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME William E. Ryan Helen Zak 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANMYS. Suzanne Ayens 21784 170-32-7660 1331 Woodridge Lane Sykesville, MD. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION THE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR 7:50 xx 12-28 1983 driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CIRTING PAGE 4 SHOULD BE FORWARDED IT TO FUNERAL DIRECTOR, PAGE 3 SHORD RATER PAGE 1844 AFTER DEATH, WITH THE STATE DEATH WORE, MARY PAGND, 21201 PROCESS. 21e PLACE OF INJURY (AT HOME, TH LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Rt. 32 south of 170, West Friendship, Howard WHILE AT WORK AT WORK road and in my apinian . , Md. Autopsy XX 220 I certify that I taak charge of the remains described above, held an Agrident XX Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 12-28-83 M.D. Assistant MEDICAL EXAMINER 111 Penn Street Dennis F. Smyth, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)
Burial 12-31-83 Mount Olive Cemetery Baltimore MD Randallstown BP. 14 FUNERAL DIRECTOR Loring Byers Emeral Directors, Inc. **DHMH - 17** 8728 Liberty Road Randallstown, MD. (VR A15 ME (5) 21133

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| MARY | mplets and 2 | 4 | 14.72 | FIRST | | H. | SC | hellhas | FIRST MA | | MIDDLE | | ĽŜ. | lark |
| ORE, | 21 | 1 | | AS DECEASED EVER IN | | MED FORCES? | 166 SOCIALS | SECURITY NO. | 17. INFORMANT | | ADDI | ESS Ross | Road | 20685 |
| LIMO | 1.0 | / | , | Yes | | 1 2 | 212-1 | 2-5259 | George | E. S | chellhas | St. L | eonard | d, Md. |
| BALI | ysion | 9 | | 18 CAUSE OF DEATH | (Enter onl | y one couse pe | r line for (a), (b | | | | | | | MATE INTERVAL |
| ST., | p ph) | even | | PART I. DEATH WA | | E CAUSE (o) | CHRO | NIC M | YELOC | YTIC | LEU | KEMIA | 3 > | EARS |
| NO E | orb | atic | | 2051 | | DUE TO, C | R AS A CONSE | EQUENCE OF | | | | | | \$ V \$ \$ 'S |
| EST | otter ove tian, | E | 6. | Conditions, if ony, | | (b)_ | | | | | | | | |
| W. PR | by the se rem | orner r | | gove rise to imme couse (a), stating underlying couse | | DUE TO, C | R AS A CONSE | EOUENCE OF | | | | | | |
| 201 es th | pleo | o . | | PART 2. OTHER SIGNI | FICANTO | ONDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT BELATED TO | THE TERAIN | IAI DISEASE OR COL | IDITION CIVEN | LINI DADT 1 | |
| ZDS, | sig Then tab | on a | NO | | MOI | | | | | THE TENITOR | The Block of Co. | TO IN ON CITY | II TAKI 110 | |
| RECORD low reg | beer mit. | 5 | CERTIFICATION | 190. DATE OF OPERATION | | | ITION FOR WE | TICH OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | 20b. IF YES, V | WERE FINDIN | IGS USED |
| AL RE | has t per ene | 5 | TIFIC | | | | | | | | YES TI NOW | YES [| NG CAUSES | OF DEATH? |
| Z Z | nysici Icate ronsii Hygi | A | CER | 210. ACCIDENT WAS UNDER | L. | | OF INJURY .M. MONTH | DAY YEAR | 21c. HOW INJURY | OCCURRE | D (ENTER NATURE OF INJ | URY IN ITEM 18 PART | I OR PART 2) | |
| O O | ding ph is certifi burial-tr Mental | | CAL | OR CONTRIBUTING CA | | in . | .M. | 19 | | | | | | |
| DIVISION OF VIT | er this c the bur and Me | 7 | MEDICAL | 21d INJURY OCCURRE | | 21e. PLACE | OF INJURY | FICE FARM ETC.) | 211 LOCATION | | CITY OR I | OWN | COUNTY | STATE |
| × 5 | | orked | 2 | AT WORK ON AT WORK | | | | | | | | | | |
| DI | DR: A | Ĕ S | 71 | 22a.1 certify that (1) t | his hospit | ol) ottended th | he deceased fro | om DEC | MBER 1 | 980 | to PRES | | . 1 | that (1) we) last |
| TIE | hospito IRECTO hed for ept. of t | 7 7 | | sow the deceased above,(1)(we)(dic | olive on | view the body | ofter death. | 9 <u>0</u> 2. or | d that in (my) our |) opinion de | oth occurred on the | date and hour a | nd from the c | ouses stated |
| OR | A Sec | Te I | | 226. SIGNATURE | | | Λ.4 | | DEGREE | | | | 22c. DATE S | IGNED |
| 4 | NERAL DI be detocl | | | Polo | V/s | macu | unglo | MA | PHYS | ICIAN X | MEDICAL STA | CIAN [| 26 D | EC83 |
| OSPIT | FUNER Ild be the St | A A | | 22d. PHYSICIAN'S NAM | | PRINT) | | | 22e. ADDRESS | - | | | | |
| 9 | 2 4 9 | | | 0000 | RES | 14. 1 | URNE | | COLUMB | IA PI | POF BLOC | - COLL | MBIA | MJ |
| | | | 23a. B | URIAL, CREMATION, RE | MOVAL | 236. DATE | 70 /07 | 23c. NAME OF C | EMETERY OR CREW | ATORY | 23d. LOCATION | | OUNTY | |
| | BP | | , | Burial | | | 30/83 | | lawn Ceme | | Marri | ottsvill | | Md. |
| | H-16 30M 2/80 | | Le | PERAL PRECTOR RL | ıssel | 1 C. Wi | itzke | uneral | lomes P.A | 250. TATE | 2 8 1983 | 256 GISTRA | R'S SIGNATI | IRE |
| | (VRA 15, 4) | | 16 | 30 Edmondso | n Av | enue, E | atonsv | ille, Mo | . 21228 | OL(| 4 0 1303 | John | A L | inely |

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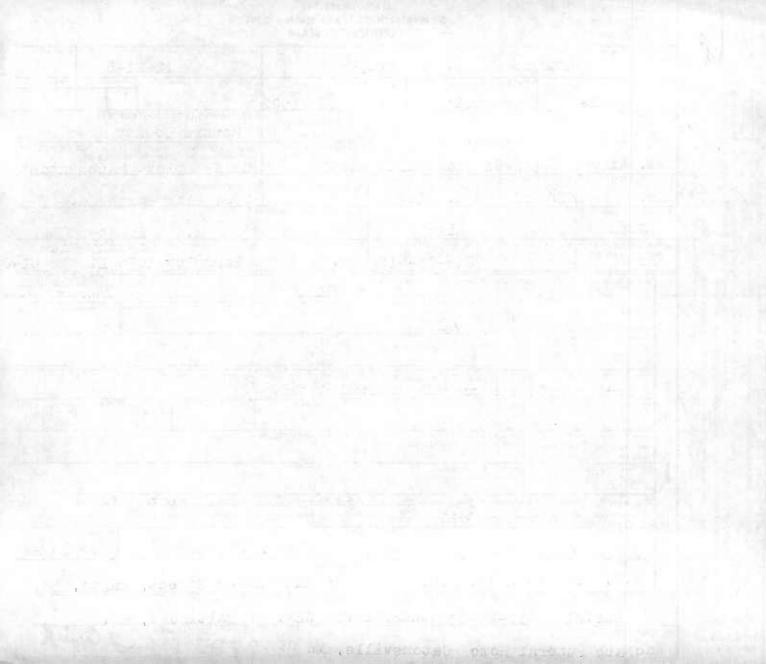
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| eath eath | / ITTE OR PRI | S | ims | O. Wats | son | | | | | December | 1, 19 | 983 | 100 |
|--|--------------------|--|-----------------|--------------------|-----------------|----------|----------------|------------------------------------|----------|--|--------------------|--|-----------------------------------|
| 4 may or, pa | 3.SEX Mal | e | 4. | RACE Whi | te | | DATE OF E | DAY YEAR | | AGE (IN YEARS LAST BIR | THDAY) | IF UNDER 1 YEAR | IF UNDER 24 H |
| death. Page | Mis | sissippi | | U.S.A | | ITRY? 8 | MARRIED IDOWED | NEVER MARRIED | J 9. | BALTIMORE CITY O | R COUNT | | |
| - if (in) | Colu | mb1a | | 10405 | May GIVE | Wind | Court | 21044 | | O USUAL OCCUPATION OF WORK FOR MOSTO Publicatio | ON OF WORKING L | 12b. KIND (INDUSTRY | |
| maryland 2120 ed within 24 hours impletely fill and 2 should | 13a. STATE | land Ho | COUNTY | | 13c. CITY OR | TOWN | 130 Y | I. INSIDE CITY LIMIT ES NO | | STREET ADDRESS | Wind | i Court | 21044 |
| | | e Sims O. | Wat | | LAS | | | MOTHER'S MAIDEN | | Mullins | | LAS | ST. |
| BALTIMORE. ore be executed by sicion and coppers. Pages oval. t, the medical | (YES, NO | CEASED EVER IN U OR UNKNOWN) (IF | F YES, GIVE W | VAR OR DATES) | 425 O | | 10 | INFORMANT Irs Beatri | Lce V | ADDRE | | | |
| The physical | 18 C. | AUSE OF DEATH LE ART I. DEATH WAS IMA 4029 | CAUSED | BY: CAUSE (0) | 11 | rlensi | VC C | Cardinascu | lev | dise=se | | BETWEEN | MAYE INTERVAL ONSET AND DEA |
| 201 W. PRESTON SI es that the death cert ed by the attending please remove carbor urial, cremotion, ar res | gov cou | ditions, if only, when the rise to immediate (0), stating erlying couse li | iote the | (b) DUE TO, OI | R AS A CONS | SEQUENC | E OF | | | | | | |
| | PART O | 2. OTHER SIGNIFIC | CANT CO | nditions <u>cc</u> | ONTRIBUTING | G TO DEA | IH BUT NO | T RELATED TO THE | TERMINA | AL DISEASE OR CONI | DITION GI | VEN IN PART 10 | D' |
| The law cian. The law sit permit giene price than son that son that son that so t | RTIFIC | ATE OF OPERATION | | 19b. CONDI | TION FOR W | HICH OPE | | AS PERFORMED | | 20a AUTOPSY? YES NO | IN CERTI | S, WERE FINDIN IFYING CAUSES ES [] | NGS USED OF DEATH? |
| DF VIII | W OR CI | ACCIDENT WAS UNDERLY DNTRIBUTING CAUS LITHER, NOTIFY MEDICAL E | E OF DEATH | P./ | M. MONTH | d DAY | 19 | | CURRED | ENTER NATURE OF INJUR | Y IN ITEM 18 | PART I OR PART 2) | |
| DIVISION OF THE CHISTON OF THE CHISTON OF THE DUTY OF THE DUTY OF THE CHISTON OF THE DUTY OF THE CHISTON OF THE | ₩ MHII A1 WC | RK AI WORK | | | EET, FACTORY, O | | EIC) | f. LOCATION STREET | | CITY OR TOV | νN | COUNTY | STATE |
| R ATTEND hospital a hospital a leed for use sept. of Head for use tem 21 is m | S | certify that (I) (the ow the deceased a bove, (I) (we) (and) | live on_ | 192518 | 13 | 19 83 | | not in (my) (our) opi | nion deo | , to | ite and hai | ur and from the | that (#7 (###) couses stated |
| by the ERAL D ERAL D State DO NNT: If It | | HYSICIAN'S NAME | ILL (TYPE OR PE | Wa | my h | | my | ATTENDIN PHYSICIA | IG A | MEDICAL STAF | F IAN 🗌 | 12. DATE | 2-83 |
| TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott | 0 | Narles E | Ja | la m | 9 | 22 | 4 | 5499 Horpers | | | undis | m) 2 | 1644 |
| BP | (SPECIFY | Cremation, REM | | Dec 3, | 1983 | | view | ETERY OR CREMATO | DRY | 23d LOCATION CITY OR TOWN | 10] | COUNTY Balto | STATE Md |

4112 Columbia Rd Ellicott City

FOR Item#16b G586 12/29/83 cw

- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

Catonsville

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

. that HT (weet last

IF UNDER 24 HRS

20. DATE OF DEATH

BP____ DHMH - 16 50M 1/BI (VRA 15, 4)

24. FUNERAL DIRECTOR

NAME

Harry H Witzke

Documber 1, 1983 sime O. Vitson lovamber 4. iggo Mississing U.S.A. TOTAL COLLE 10605 May Wind Court 21046 Publications Consultant Columbia Paryland Howard Columbia 10405 May Wind Court 21046 late Sins O. Natson Sr. late Cladys Halling To Fill The Seatrice Fitson 19405 and find Court

Caralion Buc 3, 1953 Wastvier Caronaville Falto., Md. Morry H Mitake All Columbia Md Ellicott City